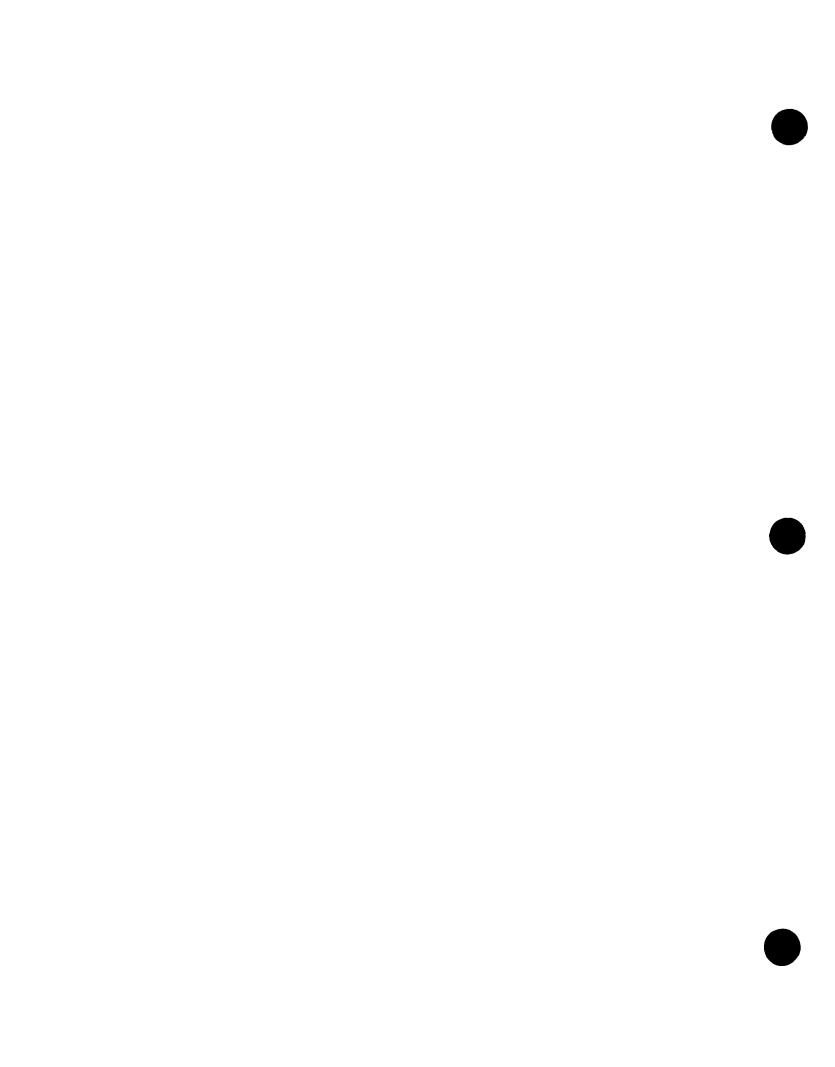
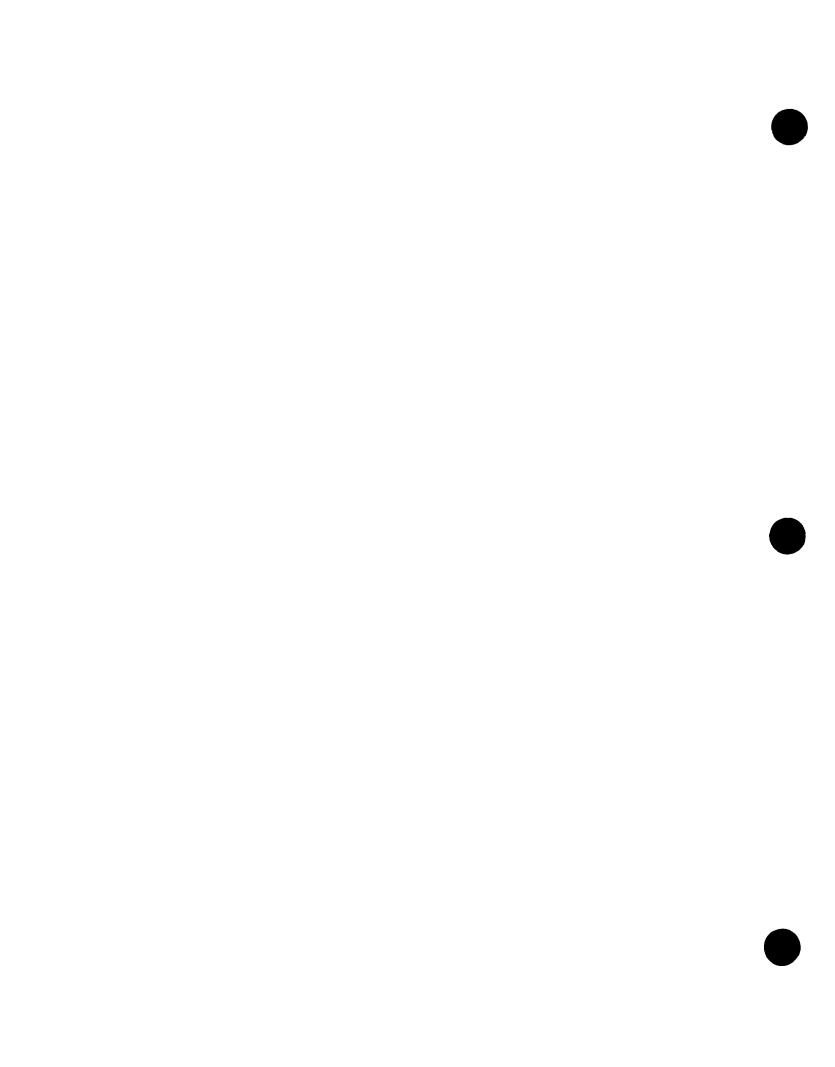
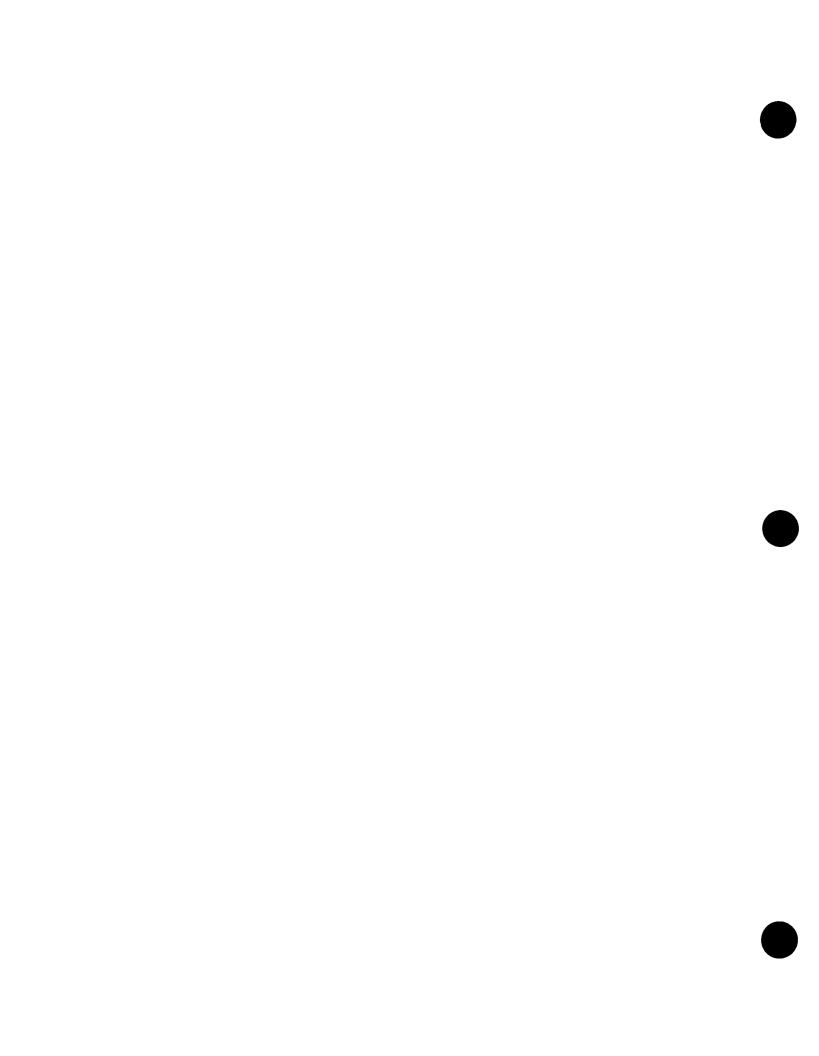


Alcohol Prevention Curriculum for EMS Providers







PREFACE

As emergency medical services has evolved over the past decade and established a place in the chain of emergent medical care, so have we seen the evolution of a professional known as the Emergency Medical Technician (EMT). Whether the EMT is a volunteer or one who works for a private provider or whether the EMT is a firefighter or a park ranger, the general public views this individual as a professional in every sense of the word.

For this reason, as well as the obvious reason of post crash involvement, the EMT has become an integral part of the national coordinated effort to educate the American driving public concerning unbelted drivers and the affects of alcohol and other drugs and how they impair the operation of a motor vehicle. This curriculum deals specifically with the alcohol-impaired driving problems.

Motor vehicle deaths and injury statistics carry few secrets for the EMS professional. The number one killer of people between the ages of 5 and 34 is automobile crashes. More than three million injuries and 46,000 deaths are due to traffic crashes each year. Of those, more than half involve alcohol.

Prevention and intervention are long-term strategies which attempt to instill a sense of responsibility among members of a mobile society, In addition, prevention attempts to make changes in the environment. EMTs have assisted in the promotion of the prevention of alcohol-impaired driving within their communities for several years and with the aid of this curriculum these EMS professionals can branch out with knowledge and concerns to their peers, other professionals and the general public. Because of the EMT's relationship to the community both as a medical responder to crash scenes and as a role model in the community, each individual EMT has an obligation to self and others to inform the general public of the gravity of the problems surrounding drinking and driving as it relates to personal injury and death.

This program will provide information which will increase the public's awareness to a much greater level. The potential cost saving of \$69.5 billion dollars per year and the reduction of pain, suffering, lost productivity and disability should prove reason enough to promote this program.

There are three considerations for the EMT on the scene of any personal injury crash, the first being the care of the injured. Depending on the outcome of the patient assessment, the EMT must apply the appropriate protocol for the injury. Second, there is a responsibility for dealing with the level of alcohol or drug toxicity when it is present. Third, there are medical-legal considerations involving patients who may have broken the law. For the above reasons this curriculum has been developed.

The US. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) wishes to thank Matt Anderson, Karla Holmes, Mike Shumaker, Paul Tabor, and the National Council of State Emergency Medical Services Training Coordinators (NCSEMSTC) for the development of this project and for encouraging its use among EMS providers.

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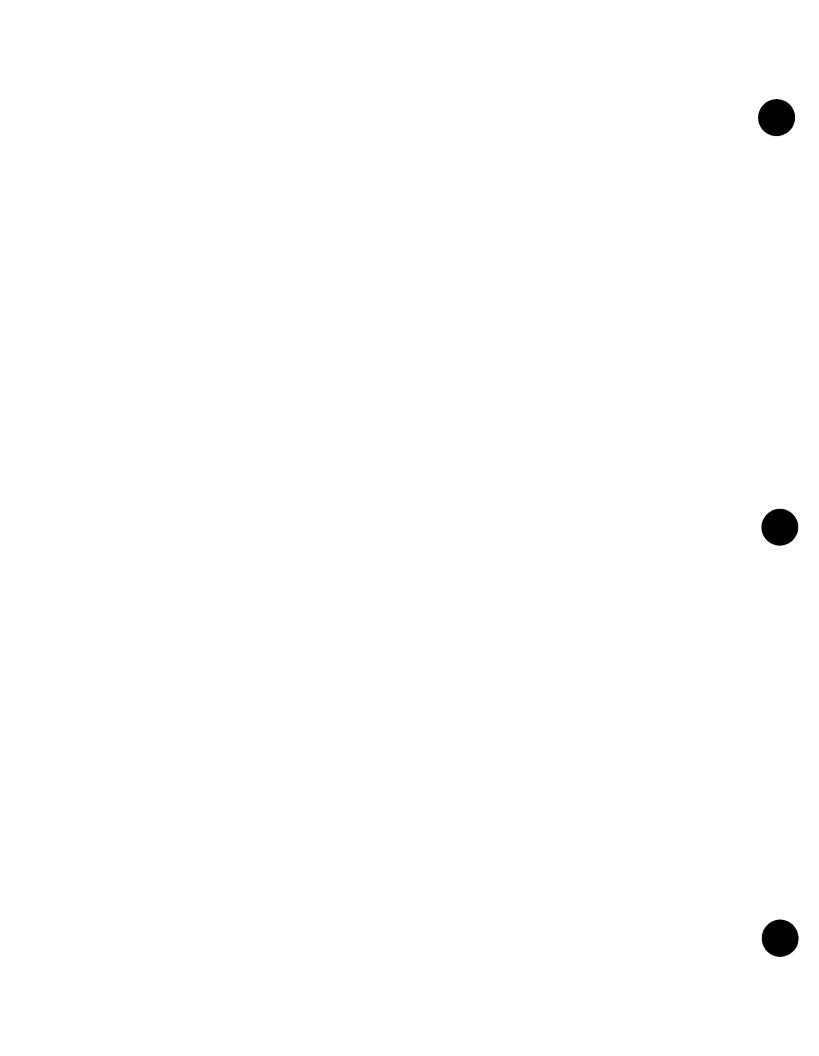
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LESSON 1:

ALCOHOL CONSUMPTION AND RELATED PROBLEMS

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* NOTE: Opinionnaire	
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- II. The measurement is stated in terms of percent alcohol, weight per unit volume. For example, if a given measurement showed 0.01 grams of alcohol in a 100 milliliter sample of blood, the result would be interpreted as a 0.01 weight/volume (w/v) BAC.
- III. At a BAC level of 0.10 there is approximately one drop of alcohol to every 1,000 drops of blood.

Alcohol

I. Myth and Fact

Equivalencies

- A. MYTH Since wine coolers seem to be sweeter and lighter drinks,
 they contain less alcohol than most other drinks.
 - FACT Wine coolers have more alcohol in them than many other drinks (e.g. double or Long Island tea.)

Per normal sewing (5 oz. wine, 1.5 oz. distilled spirits or 12 oz. beer), the alcohol content in wine coolers significantly exceeds that of beer, wine or "hard" liquor. Wine coolers contain from five to seven percent alcohol by volume, with the average being about 5.7 percent. This translates to 0.68 ounces of alcohol content per twelve ounce bottle which is higher than the alcohol content in a twelve ounce can of beer, a 1.5 ounce shot of 80 proof whiskey or five ounces of regular wine. One serving of any of the four beverages mentioned above would probably not produce a great difference in one's BAC, however, several wine coolers could significantly elevate one's BAC.

- B. One method of determining the pure alcohol content of any alcoholic beverage is as follows:
 - If the average alcohol content of beer is about 4.5 percent,
 'then multiply this by 12 ounces. Repeat this process

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- B. One method of determining the pure alcohol content of any alcoholic beverage is as follows:
 - If the average alcohol content of beer is about 4.5 percent,
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using wine (5 ounces X 12.5%), wine coolers (12 ounces X 6%), whiskey (1.5 ounces X 40%), and a two ounce margarita (1.5 ounces of 80 proof tequila and 0.5 ounces of 50 proof triple sec). Proof means twice the alcoholic content of the beverage. Thus 80 proof = 40 percent alcohol. The comparison will look like this:

Beer 12 oz. Beer

x .045 (4.5%)

0.54 oz. alcohol

Wine 5 oz. Wine

X .125 (12.5%)

0.63 oz. alcohol

Wine cooler 12 oz. wine cooler

X .06 (6%)

0.72 oz. alcohol

Whiskey 1.5 oz. whiskey

X .40 (80 proof)

0,60 oz. alcohol

Margarita

1.5 oz. tequila \times 0.40 = 0.60 oz.

+ 0.5 oz. triple sec X 0.25 = 0.125 oz.

0.725 oz.

2. Thus it can be seen that, for the serving of alcohol content used, they all have about the same amount of alcohol. These examples should help dispel the myth that one is less likely to become intoxicated when "only" drinking beer, wine, or wine coolers.

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- II. One glass (5 oz.) wine = One 12 oz. beer = One (1-1/2 oz.) shot of whiskey.
- III. Six (6) pack of beer = Six (6) shots of straight whiskey consumption.

Alcohol

Consumption

- In 1985, the per capita consumption of alcohol including the population 14 years old and above was equivalent to 2.62 gallons of pure alcohol. When abstainers are excluded, consumption rate increases to 4 gallons of pure alcohol per year. Four gallons of alcohol is equivalent to 948 cans of beer, 46 fifths of whiskey or 146 bottles of wine.
- II. Two-thirds of the population are drinkers.
- III. Actual consumption of alcohol is very unevenly distributed throughout the drinking population.
 - A. Approximately 90% of all drinkers are infrequent, light or moderate drinkers. Half of the alcohol- related problems are spread over this group.
 - B. Only approximately 10% of all drinkers are heavy drinkers. This group accounts for the remaining half of the alcohol-related problems.

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Acute Effects of I. Effects on body systems

Alcohol on the Body

A. Digestive system

- 1. When alcohol enters the stomach, it can alter the stomach lining and affect gastric functioning. Acute alcohol abuse can lead to upper gastrointestinal bleeding from erosive gastritis or from gastroduodenal ulcerations.
- 2. Retching and vomiting associated with alcohol intoxication can produce mucosal tears of the lower esophagus with resultant upper gastrointestinal (GI) bleeding. This phenomenon is known as the Mallory-Weiss syndrome. A rarer condition caused by alcohol retching and vomiting is actual rupture of the esophagus, known as Boerhaave's syndrome.
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4. Alcohol may cause inflammation and necrosis of the liver thus affecting alcohol metabolism by the liver.

B. Cardiovascular system

- The acute affects of alcohol on the cardiovascular system are complex. Overall, acute alcohol abuse appears to depress cardiac function.*
- Clinical and experimental data indicate that acute alcohol intoxication potentiates shock caused by blood loss.**

C. Central nervous system

- Alcohol depresses the central nervous system in some of the following ways:
 - a. Brain activity is slowed.
 - b. Large amounts of alcohol in a short time can cause death. In non-alcoholics respiratory arrest occurs between BACs of 0.40 and 0.5 as the result of alcohols depressant effect on the brain stem. One can overdose on alcohol.
 - c. Small amounts of alcohol can impair vision and reaction time.
 - **d.** The memory system that enables people to retrieve information is disrupted during alcohol intoxication.
 - Although not conclusive, evidence suggests that moderate social drinking may compromise cognitive efficiency.

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The depressant action of alcohol on the brain and central nervous system lowers mental and physical functions, thereby decreasing one's ability to perform complex tasks such as driving.

A reason some people believe that small amounts of alcohol improve mental and physical performance is that a person's perception is altered as alcohol is consumed. Although one may 'feel" as though he/she is a better dancer, or is smarter, or is more attractive, etc., the truth is, unfortunately, all of these feelings are based on faulty perceptions since alcohol's effect on the brain (even in small amounts) produces inaccurate feelings.

One study has shown that mental impairment may persist long after the liver has finished its job of breaking down the alcohol. In a study in Sweden, subjects were given a driving test the morning after a night of **binging**; even those who felt fully sober and who had no alcohol left in their blood showed a marked decline in performance.* Similar findings were found in a study of U.S. pilots.** Fourteen hours after drinking to a BAC of 0.10; pilot performance as measured by simulated flights was significantly decreased. At the time of testing, the BACs of the pilots were zero. It would appear from these studies that it is valid for EMS administrators to prohibit the drinking of alcohol by employees for a period of time before coming on duty.

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One "feels" stimulated because of the initial loss of inhibitions that results when the higher learning centers of the brain are impaired. As one continues to drink, the depressant actions on the brain and central nervous system increase. Therefore, the term "depressant" is used in relation to the physiologic effect alcohol has on the central nervous system, not on the way one "feels" or reacts after a few drinks.

The apparent warming effects of alcohol are an illusion. Alcohol causes the blood vessels to dilate. This causes an increase in the flow of blood to the skin. In cold weather, therefore, this shift of blood flow to the body's surface can spread the loss of body heat, thus increasing the risk of significant even fatal hypothermia. This mistaken sense of warmth has cost people their lives.

The depressant action of alcohol causes a very dangerous side effect. The individual who is drinking heavily will find it increasingly difficult to assess the effects of the alcohol consumed. This depressant action will eventually induce sleep. As noted previously, at high BACs the depressant effect of alcohol on the brain stem of the central nervous system can lead to cardiorespiratory arrest, i.e., death.

These depressant effects are more often fatal in people who have taken other depressants such as Valium, or when there is a large alcohol/body weight mismatch as might occur if a child accidentally ingested a potent drink. It should be noted that other liquids

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INSTRUCTOR NOTES

D. Endocrine and Reproductive Systems

- The complex changes that alcohol abuse causes on these systems are less well documented and understood.
- 2. The consequences of alcohol abuse during pregnancy, the fetal alcohol syndrome, have been well delineated. They include: mental retardation, low birth weight and retarded growth, and congenital malformations.

E. Neuro/Muscular System

- Alcohol is a neurotoxin. Long term abuse results in a
 peripheral neuropathy, components of which consist of:
 weakness, pain, decreased and abnormal perception of
 stimuli in the extremities. Abstinence from alcohol leads
 to significant physiologic improvements of function.
- 2. Chronic abuse of alcohol may cause a generalized disease of muscle, myopathy, which is characterized by muscle weakness, loss of muscle mass, and cramps. Abstinence from alcohol often results in improvement of muscle function.

F. Central Nervous System

1. Alcohol adversely effects function of the central nervous system. Sudden cessation of prolonged alcohol intake can result in development of an alcohol withdrawal syndrome. Such syndromes vary in intensity from mild symptoms consisting of flushness, anxiety and tachycardia, to delirium tremens in which high fever, hallucinations, and marked diaphoresis (sweating) are seen. If untreated, the latter condition can be fatal.

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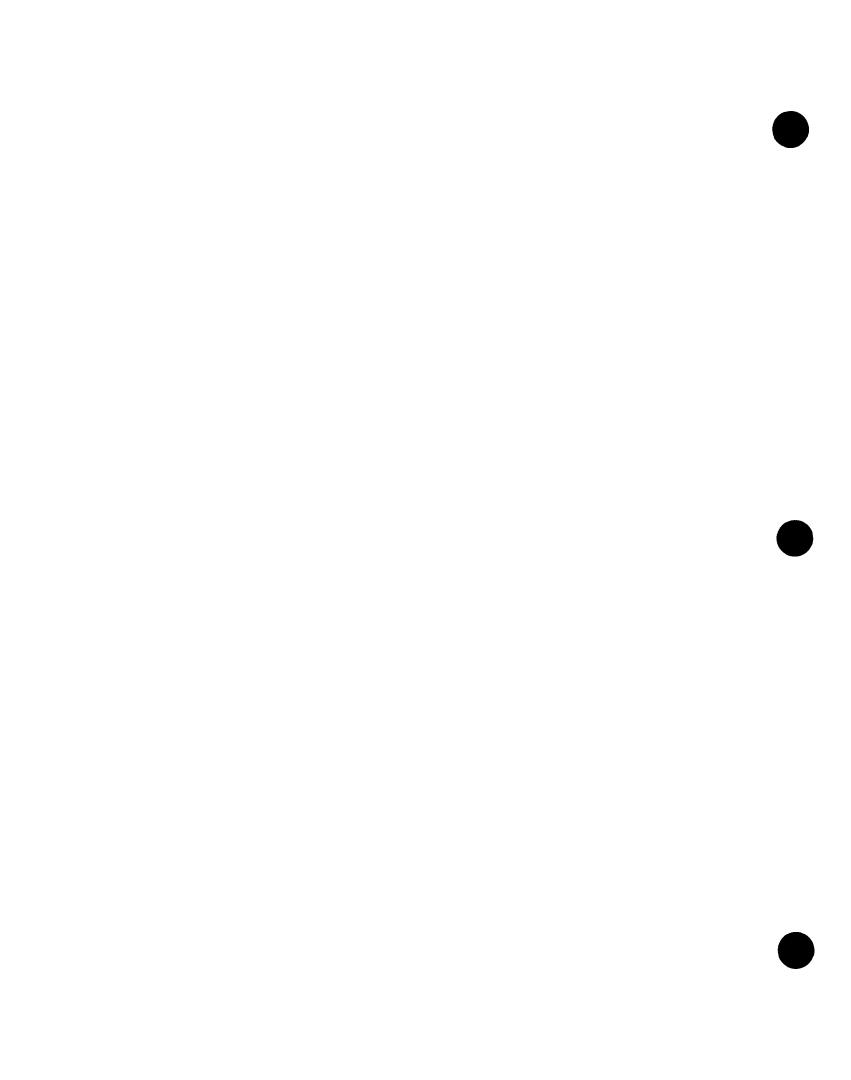
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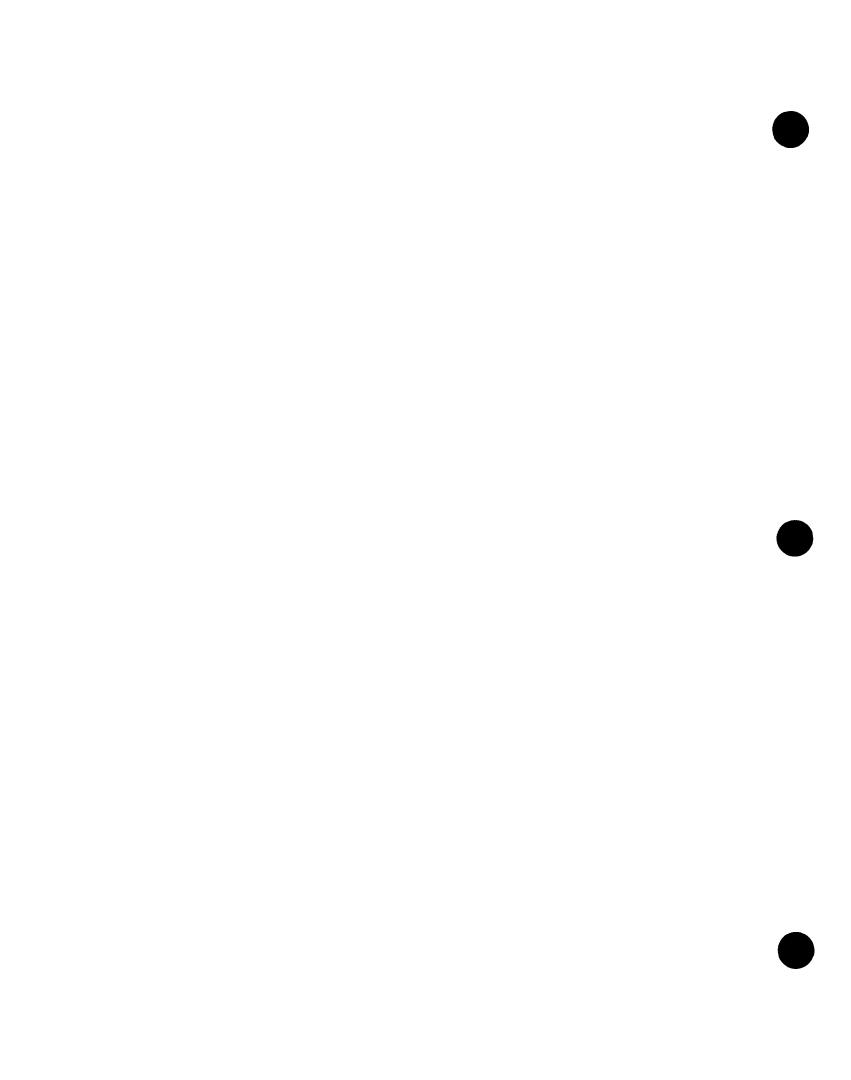
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- Chronic alcohol abuse is associated with depression.Suicide is closely linked to alcohol abusing individuals.
- Chronic alcohol abuse is associated with personality changes.
- 4. Chronic abuse of alcohol causes brain atrophy.
- 5. Long-term alcohol abuse results in development of the Wernicke-Korsakoff syndrome. This condition, often associated with alcoholism and malnutrition, is characterized by profound cognitive defects including confusion and amnesia.
- III. Other medical/psychosocial consequences of chronic alcohol abuse.
 - A. The leading cause of death annually among alcoholics, is injury.
 - **B.** Loss of self respect.
 - C. Risk of job loss.
 - D. Loss of friends
 - E. Divorce, breakup of close relationships.
 - F. Arrest for antisocial behavior.
 - **G.** Birth defects in individual offspring.
 - H. Arrest, convictions, incarceration, and legal defense costs.
 - **I.** Loss of driver's license.
 - J. Possible use of other drugs. Alcohol has been coined the "gateway drug.' That is, use can lead to marijuana, cocaine, tobacco use, etc.

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Lesson 2a: EFFECTS OF ALCOHOL ON DRIVING

Introduction

The material presented in this part of lesson two is designed to acquaint the student with the effects of alcohol on driving. Over the years, extensive scientific research has shown how driving abilities are impaired by alcohol and has documented the crash risk of intoxicated drivers. While the precise legal definition of intoxication varies from state to state, all **DWI** legislation is based on three common understandings; alcohol impairs driving performance, the amount of impairment depends on the amount of alcohol in the body which can be measured using various devices, and the legally intoxicated driver is a risk to public safety. Although the fact that alcohol impairs driving ability is not disputed, it is becoming increasingly evident that alcohol impairs driving ability at lower **BAC** levels than previously believed. In **1986**, the Council on Scientific Affairs of the American Medical Association recommended that a **BAC** of **0.05** be used to define "alcohol impaired driving."* The cumulative effect is a dangerously high crash risk for society.

Objectives

Upon completion of this lesson, the student will be able to:

- * Identify the effects of alcohol on the areas of performance necessary for handling a motor vehicle.
- Describe the effects of different levels of BAC on driving.

Lesson Material

Handouts or references covering subject material outlined.

Lesson Outline

Introduction

I. Discuss the purpose of the lesson.

Lesson 2a: EFFECTS OF ALCOHOL ON DRIVING

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Lesson Material

Handouts or references covering subject material outlined.

Lesson Outline

Introduction

I. Discuss the purpose of the lesson.

II. Review the objectives for the lesson.

Effects of

I. The three areas of performance necessary

Alcohol

for handling an automobile are sensing, decision-making and acting.

- II. Performance areas most affected by alcohol are:
 - A. Sensing
 - B. Decision-making
 - C. Acting
- ill. **Judgement** deteriorates after drinking.
- IV. individuals may feel more skilled after they start drinking. They are often have a false sense of security and are willing to take more risks.
- V. Individuals usually take more chances in passing, speeding, and turning.
- VI. Because people feel more confident they tend to take longer to react to negative circumstances.
- VII. Vision is affected by alcohol blurring, split vision, and 'tunnel" vision.

Blood Alcohol

1. As **BAC** rises, the risk of being in a vehicular crash also rises.

Content (BAC)

||. BAC above 0.03 = increased crashes.

BAC 0.06 = probability of causing a crash is two times greater than that of a non-drinker.

BAC 0.10 = probability is **12** times greater.

BAC 0.15 = probability is **25** times greater.

BAC 0.18 = probability is 60 times greater.

Crash Risks

- Crash risks at 0.03 BAC (1-2 drinks in one hour for average adult) increase due to the following:
 - A. **Everyone** exhibits measurable impairment of reaction time.
 - B. Many people **exhibit** impaired ability to divide attention

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 - B. Many people **exhibit** impaired ability to divide attention

(concentrate on more than one thing at a time). Example: the driver is able to concentrate on controlling the vehicle, but is then less able to scan for and respond to emergencies.

- C. <u>Many</u> people exhibit impaired judgment or an increased willingness to take excessive risks.
- **D.** Some people exhibit impaired vision.
- **E.** Few people exhibit impaired coordination.
- II. Crash risks at 0.05 BAC (2-3 drinks in one hour for average adult) increase due to the following:
 - A. **Everyone** exhibits definite impairment of reaction time, **judgement** and ability to divide attention.
 - B. Many people exhibit impaired coordination.
 - C. Tracking is impaired, i.e., the ability to keep the car on the road (weaving).
 - D. Dynamic visual acuity (the ability to perceive detail in an object in motion) suffers at BAC levels below 0.05.
 - E. Control over eye movement and the ability to merge two images into one also show impairment at BAC levels below 0.05.
 - F. Comprehension is impaired. To perceive hazards on the road, the brain must both receive information (i.e., see and hear) and then process that information in order to determine its meaning or importance. At 0.05 BAC the time it takes the brain to understand what it has perceived is lengthened.
- III. Crash risk at 0.08 BAC (4-5 drinks in one hour for average adult) increase due to the following:
 - A. <u>Everyone</u> exhibits impaired reaction time, judgment, vision and ability to divide attention.

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INSTRUCTOR NOTES

- **B.** <u>Most people exhibit impaired coordination.</u>
- C. Impaired accuracy of steering, braking, speed control, line tracking, gear changing and judgments of speed and distance have all been demonstrated in driver performance tests.
- IV. Crash risk at 0.10 BAC (5 drinks in one hour for the average adult) increase because everyone exhibits impaired judgment, reaction time, vision, coordination and ability to divide attention.

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Lesson 2b: LOCAL, STATE AND NATIONAL LAWS

Introduction

The material presented in this part of lesson two is designed to acquaint the student with national laws concerning alcohol and impaired driving, familiarize the students with laws in other states, and educate the student concerning local and state laws. Significant progress in the number, types, and comprehensiveness of legislation has been made in the last decade. Both comprehensive and single issue legislation packages have emerged.

Key federal legislation of recent years includes, 1) the National Minimum Drinking Age Act, 23 USC 158, 2) the Alcohol Traffic Safety Incentive Grant Program, and 3) the Commercial Motor Vehicle Safety Act of 1986.

As a result of citizens' actions and federal recommendations and legislation, state legislatures have been particularly active in developing and enacting alcohol-related legislation since 1980.

Objectives

Upon completion of the lesson, the student will be able to:

- * Identify the national legislation and/or subject areas dealing with alcohol and impaired driving.
- Describe the state and local laws concerning alcohol and impaired driving.
- * Describe the penalties imposed by state and local laws.
- * State the reasons for stiff penalties.
- * State the reasons for recurring arrests by most offenders.
- * Describe the different ways of determining BAC.

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 List the reasons for strict enforcement of state and local laws dealing with alcohol and impaired driving.

Lesson Material

Summary of activity concerning alcohol legislation at the state level. Summary of activity at the local level. Copies (where available) of state laws and penalties. Slides or charts depicting the number of repeat offenders and the underlying causes associated with these recurrences. The Digest of State Alcohol - Highway Safety Related Legislation is published annually. For information on how to obtain this document contact the National Highway Traffic Safety Administration (NTS-21), the State Office of Highway Safety, or the State EMS Office.

Lesson Outline

Introduction

- I. Discuss the purpose of the lesson.
- II. Review the objectives of the lesson

Legislation

- **I.** Basis for alcohol and driving legislation.
 - A. Deterrence can be cited as one basis for the development of alcohol-impaired driving legislation. These laws should include swift and sure application of penalties and informing the public.
 - B. Risk can be cited as another basis. Risks to the lives and property of others are significantly increased by drinking and driving.
 - C. Fear of loss of the privilege to operate a motor vehicle, penalties and fines, jail sentences, and personal injury help to make alcohol-impaired driving legislation more effective.

INSTRUCTOR NOTES	
NOTE: Knowledge quiz for this lesson found in Appendix A.	
Appendix A.	
	APRODE ACCOUNT

D. BAC has been made the center issue in the prosecution of driving while under the influence. The availability of chemical tests for BAC has made the enforcement process more objective, fair, and efficient and serves as the best basis for identifying those drivers on the road who are at high risk of crash involvement.

Chemical Breath I.

There are two categories of chemical breath tests.

Tests

- A. Preliminary. At the beginning of 1988, 26 states had laws providing for preliminary breath tests. However, many of these laws include special provisions which significantly limit their use. Most courts require not only evidence that the test device is accurate and valid, but also demand that there be a system for maintaining and calibrating the units and training the operators.
- **B.** Evidential.
 - Implied consent laws. Anyone driving on the road is deemed to have given his/her consent to a chemical test.
 - 2. 'Administrative per se" laws, enacted in all states and found constitutional, are laws which insure that motorists, who are apprehended by the police at BAC's over the legal limit, are suspended and taken off the road.
 - 3. "Illegal per se" laws make driving while at a specified BAC level or higher an automatic offense, irrespective of the driver's mental or muscular coordination status.
- II. Other tests for BAC under the implied consent laws.
 - A. Standardized Field Sobriety Testing (SFST), walk and turn, individual attention and horizontal gaze nystagmus.
 - **B.** Portable breath testing.

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Adjudication and I.

Sanctions

Adjudication of alcohol and driving offenses. The problem of DWI offenders not being prosecuted and/or convicted, sanctions not being imposed or inappropriate sanctions imposed, and court backlogs and diversionary programs are perhaps the most challenging in the DWI countermeasure area. Prosecutors, judges, probation officers and other professionals in the adjudication system do not understand the alcohol-impaired driver problem and their vital role in controlling alcohol-impaired drivers.

- A. Mandatory adjudication: license suspensions or revocation, mandatory jail for first offense, mandatory jail for second offense and habitual offenders laws.
- B. Anti plea-bargaining laws: plea-bargaining undermines the express will of the people and minimizes the consequences of engaging in illegal behavior. Studies show an increase in conviction rates where anti plea-bargaining laws/policies have been adopted.
- II. Sanctions following a conviction for an alcohol driving offense. Sanctions appropriate to the offense and offenders need to be imposed. This method of deterrence is the manner by which judicious application of sanctions to convicted offenders enhances law enforcement so that an offender already identified will not repeat the offense. Sanctions are deterrents to unlawful behavior. Examples of sanctions are:
 - A. Fines: traditional but perhaps discretionary.
 - B. License sanctions: lowers the threat of re-offense, provides public protection, deters others, most used and most effective.
 - C. Confinement: 'jail,' limitation in freedom of mobility and activity and separation.

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- **D.** Education or treatment.
- E. Community service.
- **F.** Probation.
- G. Victim restitution.
- H. Victim reconciliation.
- I. Special license plates.
- **J.** Identifying bumper stickers.
- **K.** Vehicle impoundment.
- L. Vehicle license plate impoundment.

State Legislation I. Many states have enacted legislation dealing with alcohol and driving.

- II. Examples of such legislation are:
 - A. Homicide or manslaughter by a vehicle.
 - B. More stringent penalties imposed if driving while license is suspended or revoked where the basis was an alcohol driving offense.
 - **C.** Habitual offender laws.
 - D. BAC tests required for persons killed as a result of a traffic crash.
 - E. Laws concerning criminal and/or administrative action against employee's and/or owner's of licensed liquor establishments who sell alcoholic beverages to persons who are under the legal drinking age or who are intoxicated, 'dram shop laws.'
 - **F.** Laws prohibiting 'Happy Hour'.
 - **G.** Open container laws.
 - H. Laws prohibiting the consumption of alcoholic beverages in motor vehicles.

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- Specific laws that relate to drivers between the ages of 15 and
 e.g., any detectable alcohol is illegal.
- J. Laws to raise the taxes on alcoholic beverages, to help defray the costs of the impaired driving programs.

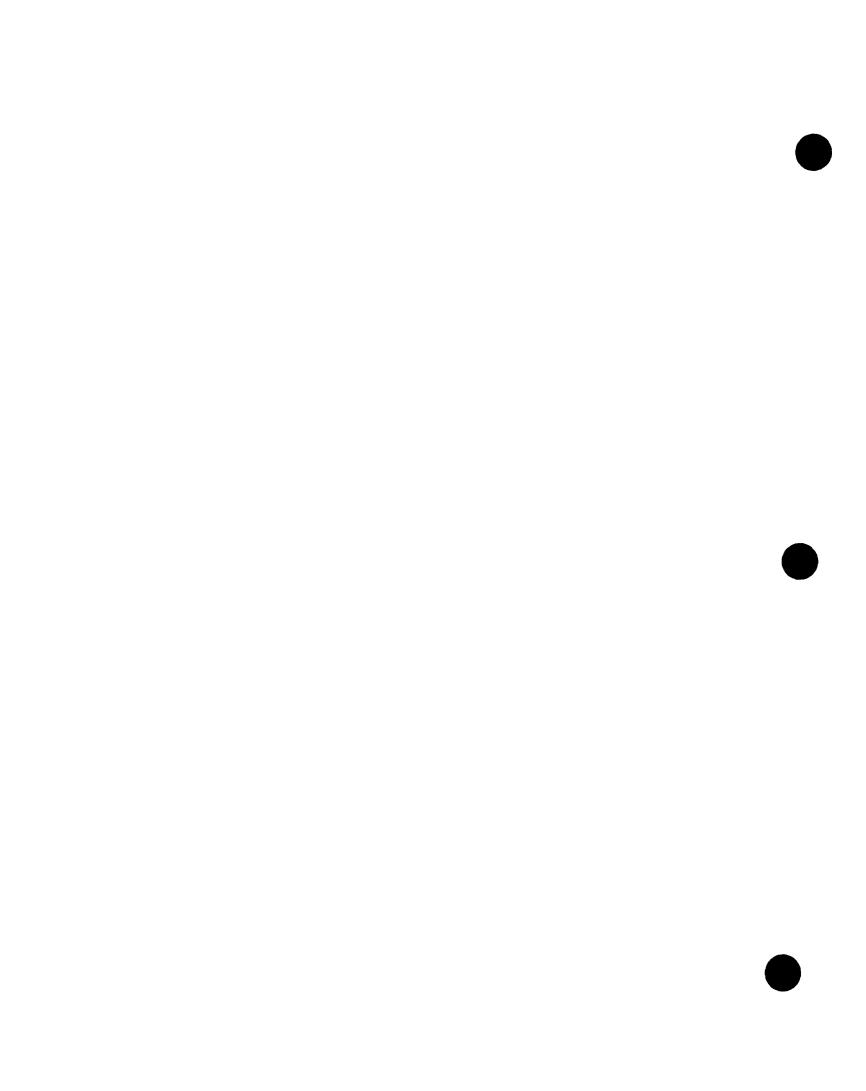
Enforcement

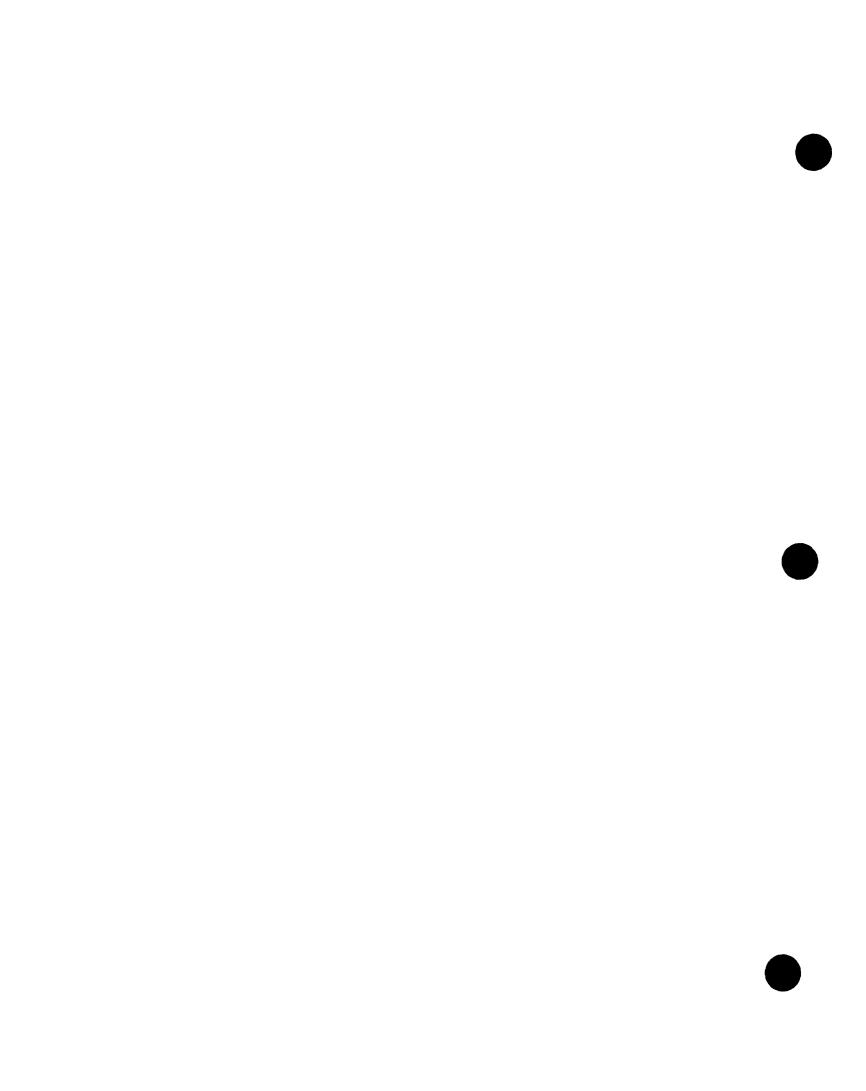
- I. Enforcement is the most critical element.
- II. A number of events, changes in technology, public attitudes, and the involvement of citizen activist movements have contributed to progress and achievement in this area.
 - A. Manpower: improvement in **DWI** enforcement can be achieved by training, analysis and improvement of police and court procedure, police management support and regular liaison with prosecutors, the court system, local alcohol program coordinators/managers, and other components of the system.
 - B. Equipment: a new generation of evidential breath test devices, portable preliminary breath testers help make accurate determinations. Mobile processing vans have also been shown to greatly reduce officer down time.

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Lesson 3a RISKS AND RESPONSIBILITIES

Introduction

The material in this part of lesson three is designed to review the risks of alcohol-impaired driving and will provide new information concerning the responsibilities of individuals, with regard to alcohol- impaired driving. Particular emphasis is placed on linking the responsibilities to the risks so that participants can more readily accept the need to take action. This section of lesson three also provides techniques for avoiding alcohol impairment and its associated risks for individuals and groups for which the individual has responsibility.

Networking is another essential component included in this part of lesson three. The participant is taught to identify and recruit community groups to actively participate in delivering drinking and driving prevention messages. The strength of each group is discussed as is how EMS personnel can serve as a valuable asset to community based prevention/intervention programs.

Objectives

Upon completion of this lesson, the student will be able to:

- Define basic concepts of risk that are fundamental to the presumption of prevention/intervention of impaired driving.
- * Identify responsibilities to oneself and others.
- * Identify steps that can be taken to avoid driving by alcohol-impaired persons.
- Describe the communities's responsibilities to its citizens.
- * Describe steps that can be **taken** to influence the behavior of others.
- * Define the networking process.

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Introduction

The material in this part of lesson three is designed to review the risks of alcohol-impaired driving and will provide new information concerning the responsibilities of individuals, with regard to alcohol- impaired driving. Particular emphasis is placed on linking the responsibilities to the risks so that participants can more readily accept the need to take action. This section of lesson three also provides techniques for avoiding alcohol impairment and its associated risks for individuals and groups for which the individual has responsibility.

Networking is another essential component included in this part of lesson three. The participant is taught to identify and recruit community groups to actively participate in delivering drinking and driving prevention messages. The strength of each group is discussed as is how EMS personnel can serve as a valuable asset to community based prevention/intervention programs.

Objectives

Upon completion of this lesson, the student will be able to:

- Define basic concepts of risk that are fundamental to the presumption of prevention/intervention of impaired driving.
- * Identify responsibilities to oneself and others.
- * Identify steps that can be taken to avoid driving by alcohol-impaired persons.
- Describe the communities's responsibilities to its citizens.
- * Describe steps that can be **taken** to influence the behavior of others.
- * Define the networking process.

TOPIC

CONTENT OUTLINE

- * Identify the role of networking.
- * Identify potential members of the networking team.

Lesson Material

Handouts or references covering subject material outlined.

Lesson Outline

Introduction

- I. Discuss the purpose of the lesson.
- II. Review the objectives of the lesson.

Risks

- I. Significance of risks
 - A. Drinking drivers are more likely to have crashes and their crashes are more likely to have severe results.
 - B. Alcohol-related crashes are about nine times more likely to result in death than are similar crashes where alcohol is not involved.
 - 1. Drinkers are less likely to wear safety belts.
 - Drinkers may be more likely to take excessive risks, such as traveling at inappropriately high speeds.
 - 3. Drinkers may be less likely to initiate corrective or evasive actions prior to the crash, such as braking or steering away from a frontal impact (slowed reaction, impaired judgment, poor coordination).
- II. Recognition of risks. A person who is alcohol-impaired may exhibit one or more of the following effects.
 - A. Impairment of reaction time, judgement, and ability to concentrate on more than one thing at a time.
 - **B.** impaired vision.

TOPIC

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 - A. Impairment of reaction time, judgement, and ability to concentrate on more than one thing at a time.
 - **B.** impaired vision.

- C. Involuntary jerky movements with eyeballs (horizontal nystagmus)
- **D.** Impaired coordination and/or balance.
- E. Willingness to take excessive risks.
- ill. The significance and recognition of risks may be altered by fatigue, the individuals's mood and expectations, his/her previous drinking experience, and other factors.
- IV. These risks are in addition to those imposed by the judicial system on people who have been convicted of driving while alcoholimpaired, e.g. license revocation, etc.

Responsibility

- Prevention of traffic hazards rests on the fundamental notion of responsibility.
 - A. Responsibility of an individual to try to influence another's drinking and driving or safety belt usage behavior can be affected by who the other person is and by what the role happens to be in the particular situation.
 - Persons to whom an individual may have an especially strong responsibility.
 - a. The individual's children.
 - **b.** Other family members.
 - **c.** Personal friends.
 - **d.** The individual's house guests.
 - e. Co-workers.
 - **f.** People with whom the individual plans to ride.
 - **g.** People riding in the individual's vehicle.
 - Situations in which an individual may have an especially strong responsibility.

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 - Situations in which an individual may have an especially strong responsibility.

- a. When the individual is supplying the alcohol.
- b. When the individual is planning or helping to plan the event.
- c. When the individual has the resources needed to help avoid an impaired driving situation (e.g. providing alternative transportation or a place to stay over night).
- d. When the individual is in a position to exert an influence over the persons in question.
- B. Individuals have general responsibilities to themselves.
 - 1. Do not become alcohol-impaired when planning to drive.
 - 2. Do not drive while alcohol-impaired.
 - Protect themselves from alcohol-impaired drivers and other hazards by wearing safety belts.
 - **4.** Do not ride with an alcohol-impaired driver.
 - 5. Steps that can be taken to avoid alcohol impairment:
 - a. Eliminate or restrict the total supply of alcohol.
 - **b.** Set limits on alcoholic beverage consumption.
 - Establish a time limit for the drinking segment of the event.
 - d. Provide alternative alcohol-free beverages.
 - e. Provide protein rich food prior to and during the drinking segment of the event.
 - **f.** Provide alternative activities (other than drinking).
 - g. Assign non-drinking bartender(s) to regulate consumption quantities.
- C. Individuals have general responsibilities for others.

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the event (keys to be returned to only those who are not impaired).

- g. Encourage use of safety belts.
- D. Responsibility the community has for its citizens.
 - Provide information to enhance citizens' awareness of risks and responsibilities.
 - Provide educational opportunities to help citizens develop essential prevention/intervention knowledge, skills and attitudes.
 - 3. Provide accessible alternatives to alcohol-impaired driving.
 - Provide and enforce appropriate laws, regulations, and penalties which protect citizens from alcohol- impaired drivers and reduce excessive drinking.
 - Provide accessible services for remediation, rehabilitation, and treatment of citizens identified as alcohol-impaired drivers.

Networking

- Networking is a process of collaboration and resource exchange among individuals or organizations sharing common goals or strategies. It is a process of forming partnerships for mutual benefit.
- **II.** Role of networking.
 - A. Networking is needed to assist in implementing prevention and intervention efforts
 - B. A key element in the development of a program is identifying and recruiting community groups to actively participate in delivering drinking and driving prevention messages.

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- B. An EMT may be identified as a community-based program coordinator, if no program is currently in place.
- C. Increased awareness of the EMS system is a fringe benefit that should be built into the program plan.
- iii. Developing a program plan.
 - A. Community assessment and problem identification.
 - 1. Who is currently involved?
 - 2. Obtain accident statistics.
 - 3. Conduct knowledge and opinion polls.
 - **4.** Summarize findings in problem statements.
 - B. identify leadership.
 - 1. Select coordinator.
 - 2. Form committees.
 - **3**. Obtain support staff as needed.
 - C. Goal setting.
 - 1. identify target groups for program.
 - 2. identify human resources for conducting program.
 - 3. Prepare program strategies.
 - a. When to start.
 - **b.** Activities.
 - **c.** Time line for plan.
 - D. Program design.
 - 1. Specify objectives for each target group.
 - 2. Establish schedule.
 - **E.** Resource requirements.
 - Personnel.
 - **2.** Funding.

INSTRUCTOR NOTES		
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- **3.** Sponsors or endorsements.
- **4.** Audiovisual aids.
- **F.** interface with other organizations already involved in alcohol prevention programs.
 - 1. Coalitions.
 - 2. State highway safety offices.
 - **3.** Hospitals.
 - **4.** Public education.
 - 5. MADD, RID, etc.
 - **6.** Others.
- **G.** Procurement of resources necessary to accomplish **stated** goals.
- H. Program implementation.
- Program evaluation through comparing knowledge and opinion polls before and after.
- IV. Types of programs that may be started.
 - A. Public service announcements **(PSA)** over local **radio** and TV stations.
 - B. Poster displays and poster contests.
 - C. Incentives.
- V. Involvement in ongoing alcohol prevention campaigns.
 - A. Offer local EMS service's support to local, regional, or state programs which have already been established.
 - B. Modify the life styles of EMS community members to be 'examples".
 - C. Provide EMS community involvement in ongoing programs and activities in local areas.

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Members of

Sellers and servers:

Network Team

- A. Desire to protect the health and safety of their customers.
- B. Desire to reduce the risks and potential costs associated with liability.
- C. Desire to have a good image in the community.
- D. Sellers and servers' desire to maintain a pleasant environment for customers and employees.
- E. Seller and servers' establishments can prevent patrons from becoming intoxicated, provide cab rides home for intoxicated people, and refuse to sell to minors.

II. Employers:

- Establish standards and policies that affect the attitudes and behavior patterns of their employees.
- B. May realize dollar savings through fewer lost working hours due to alcohol and other drug related crashes/injuries.

III. Health care agencies and professionals:

- May have first hand experience of the effects of alcohol on driving.
- B. Participation may reduce the number of emergency injuries and help realize the goal of creating a healthier community.
- C. Can serve as catalysts in promoting positive-action oriented responses to the issue of drinking and driving.

IV. Law enforcement personnel:

- A. Can offer a valuable insight into creating a safer community and make their job of law enforcement easier.
- B. Are in a position to underscore to the community the legal consequences of drinking and driving.

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V. Community officials:

- A. Involvement may help them to maintain their credibility as community leaders. Illustrate their concern for their constituency.
- B. Can initiate and support the establishment of local policies and regulations regarding drinking and driving.

VI. Educational institutions:

- A. Can influence the knowledge, attitudes, and skills of youth.
- **B.** Have access to parents.
- C. influence youth in preparation to lead productive lives through being responsible citizens.

VII. Social, civic and religious organizations:

- A. Already have goals to **make** the community a better, safer, healthier place to live.
- B. Can provide volunteers and resources to carry out activities.

VIII. Concerned citizens:

- A. Have been the key ingredient in the nation's determination to reduce alcohol-related crashes.
- B. Can work as volunteers to raise money, write letters to magazines and newspapers and promote legislation.
- **C.** Can involve family, friends, and colleagues in their efforts.

IX. Media:

- A. Can dedicate air time to **PSAs**.
- B. Can cover prevention/intervention events.
- **C.** Can publish feature stories.

Networking in

I. Assessment of community resources.

Your Community

- A. Are there existing programs?
 - 1. State.

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Networking in

I. Assessment of community resources.

Your Community

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 - 1. State.

- 2. Health departments.
- **3.** Hospitals.
- 4. Police.
- Community groups, e.g. Mothers Against Drunk Driving (MADD).
- **B.** Are "experts" available for speaking engagements?
 - **1.** EMS personnel.
 - 2. Law enforcement officers.
 - **3.** Physicians.
 - 4. Nurses.
 - **5.** Traffic safety experts.
 - 6. Driver education instructors.
 - **7.** Alcohol abuse experts.
- **C.** Are organizations for support and promotion available?
 - 1. Service clubs.
 - 2. Community organizations.
 - 3. Chambers of Commerce.
 - 4. Parent Teachers Association.
 - 5. Athletic teams.
 - **6.** State and local alcohol prevention associations.
- D. Professional associations.
 - **1.** Medical societies.
 - **2.** Hospitals.
 - 3. Law enforcement.
 - 4. Other.
- E. Labor unions.
- **F.** Corporations.

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- II. Availability of promotional materials.
 - A. National Highway Traffic Safety Administration (NHTSA).
 - B. State, national or local highway safety councils.
 - C. Private industry.
 - D. National Association of State EMS Directors.
 - **E.** National Council of State EMS Training Coordinators.
 - F. National Association of State Alcohol and Drug Abuse Directors.
 - G. National Institute Against Alcohol Abuse.
- III. Technical assistance capabilities.
 - A. Schools.
 - B. Colleges.
 - C. State highway safety offices.
 - D. State health departments.
 - E. Department of Transportation,
 - F. NHTSA regional offices.
 - **G.** Advertising bureaus,
- IV. A properly planned and integrated program network should include:
 - A. Community outreach.
 - B. Agency support.
 - C. Volunteer groups.
 - D. Activities
 - **1.** Exhibits.
 - 2. Lecturers.
 - 3. Fairs,
 - E. Public information and education.
 - **F.** Incentives.

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- G. Enforcement of laws.
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C O N T E N T OUTLINE

TOPIC

Lesson 3b: PREVENTION/INTERVENTION

Introduction

"Preventing" alcohol-impaired driving is promoting healthier safer attitudes and practices, reducing the likelihood that drinking and driving will occur. 'Intervening" is when someone interrupts a situation where there is a likelihood of alcohol-impaired driving. The goal of both prevention and intervention efforts is to reduce the incidence of alcohol-related problems. Prevention measures target larger populations, including individuals who may not yet drink. Intervention strategies target more discrete groups or individuals, such as those who consume alcohol either heavily, frequently, or under conditions that endanger health, life, and property.

Interpretation and emphasis often determine whether a particular measure is defined as prevention or intervention, The prevention and intervention type of program should be based on a knowledge of attitudes and behaviors that both impede and facilitate new societal norms. Single measures are less likely to be effective than programs that combine public information and awareness, education, responsible serving and use policies, and outreach to a variety of community wide-organizations. Planning and implementing prevention/intervention in your community requires contact with many community organizations,

Objectives

Upon completion or this lesson the student will be able to:

- * Describe planning activities/skills that can be implemented to prevent alcohol-impaired driving.
- * Describe refusal and persuasion skills applicable to prevention/intervention of impaired driving.
- Describe methods used to inform the public.

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- Describe methods used to educate the public,
- Describe methods used to protect the public.

Lesson Material

Handouts or references covering subject material outlined. Current information regarding the application of prevention and intervention programs currently in use in the community.

Lesson Outline

Introduction

- 1. Discuss the purpose of this lesson.
- II. Review the objectives for this lesson.

Techniques of

I. Planning skills

Prevention/

Intervention

- A. Planning skills are used to prevent the possibility of an alcohol impaired driving event from developing at all.
 - **1.** Individual approach.
 - **2.** Team approach.
- **B.** Planning skills are applied to situations and events in which there is a likelihood that alcohol and/or other drugs will be consumed.
 - **1.** Role playing.
 - **2.** Provide scripts for role playing.
- C. The purpose of planning is to avoid two undesirable outcomes:
 - Avoid impairment (discussion of things which can be done
 prior to an event where drinking may occur to lessen the
 likelihood that anyone will become alcohol-impaired).
 - Avoid driving by alcohol-impaired persons (discussion of things which can be done prior to an event where drinking

- * Describe methods used to educate the public,
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 - Avoid driving by alcohol-impaired persons (discussion of things which can be done prior to an event where drinking

may occur to lessen the likelihood that anyone will drive while alcohol-impaired).

II. Refusal Skills

- A. Used primarily to protect oneself.
- **B.** Resisting pressure to become alcohol-impaired.
- **C.** Refusing to ride with an alcohol-impaired driver.
- **D.** Refusing to drive or ride without safety belts.

III. Persuasion Skills

- A. Used primarily to protect others.
- B. Persuading intended drivers not to become alcohol-impaired.
- **C.** Persuading those who have become alcohol-impaired not to drive.
- **D.** Persuading all vehicle occupants to wear their safety belts.

Public Information I.

Public information means warning the

Programs

public about the hazards of combining alcohol and driving.

- II. Why public information is needed?
 - A. Raising awareness and increasing knowledge.
 - B. Informing the public about their role in reducing alcohol-impaired driving.
 - C. Increasing desire and confidence of public to intervene.
 - D. Dispelling myths.
- III. Public information is accomplished through effective communications which include translating information into lay language.

Education

Education is the process of learning and

Programs

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- II. Why is education needed?
 - A. To instill individual motivation to change his/her own or others behavior.
 - B. To instill individual desire to learn new behavior.
 - C. To provide a more interpersonal mechanism for exchange of information. (Printed or electronic education lacks the face-to-face contact that has yielded positive results in the fields of hypertension, smoking prevention, cardiovascular health, and alcohol abuse.) When educational efforts are combined with mass media or public information efforts, information dissemination improves.
- III. How is education for prevention of alcohol-impaired driving now being done through education?
 - A. In school setting
 - **1.** K-l 2 curriculum.
 - 2. Non-curriculum based.
 - **3.** Policies governing alcohol abuse.
 - B. At work site
 - 1. Employee assistance programs.
 - 2 Health promotion programs.
 - **3.** Policies governing alcohol abuse.
 - C. Within health care settings
 - 1. Warning about health hazards.
 - 2. Training and raising awareness of primary care providers.
 - **3.** Encouraging safety belt use.
 - D. Through community agencies
 - 1. Injury control programs.

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- 2. Volunteer service opportunities.
- **3.** Community intervention programs.
- 4. Health fair and other community activities.

Environmental

Intervention

- I. Environmental interventions largely effect individuals in a relatively non personal way to change a condition, either a personal situation, condition, or climate within a community, e.g. laws, regulatory controls. They will interrupt a high risk situation and preclude any negative action from occurring (e.g. third party intervention 'Take the keys, please")
- II. Why is there a need for environmental intervention?
 - A. It will save lives and reduce injuries and crashes.
 - B. Prevention measures, such as education, normally take a long time to instill behavior changes. intervention measures can ensure that those individuals, who may never change their behavior, remain healthy by preventing them from driving after becoming alcohol impaired or from becoming alcohol-impaired at the outset.
 - C. They are relatively non-personal measures that affect large numbers of individuals, e.g. reducing happy hours.
- III. How is environmental intervention accomplished?
 - A. Through new laws as well as enforcing compliance with existing laws.
 - 1. Minimum legal drinking age of 21.
 - 2. Reduction of happy hour and other promotional activities.
 - 3. Uniform closing hours.
 - **4.** DRAM shop laws.

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- **B.** Through settings
 - **1.** Alternative transportation,
 - 2. Alternative activities.
 - 3. Alcohol-free drinks.
 - 4. Server education.

Summary

- What does this all mean to EMS In addition to the above suggestions emergency medical services personnel can serve as a valuable asset in the development of community based prevention/intervention programs. Some examples are:
 - A. Participate in **task** forces and work groups.
 - B. Develop public information and education materials.
 - C. Develop TV and radio PSAs, posters and signs.
 - D. Volunteer to speak for seminars and workshops sponsored by professional associations.
 - E. Enlist the aid of hospital volunteer auxiliary groups to work on public information and awareness projects.
 - F. Conduct in-service workshops for medical staffs an health workers.
 - G. Talk about alcohol-impaired driving issues with friends, neighbors and colleagues. The word of mouth influence of EMTs can be considerable.
 - H. Make presentations for community service groups, civic organizations, schools, and other service organizations.
 - Obtain permission to display drinking and driving literature such as posters, brochures and films in public reception areas.

- **B.** Through settings
 - **1.** Alternative transportation,
 - 2. Alternative activities.
 - 3. Alcohol-free drinks.
 - 4. Server education.

Summary

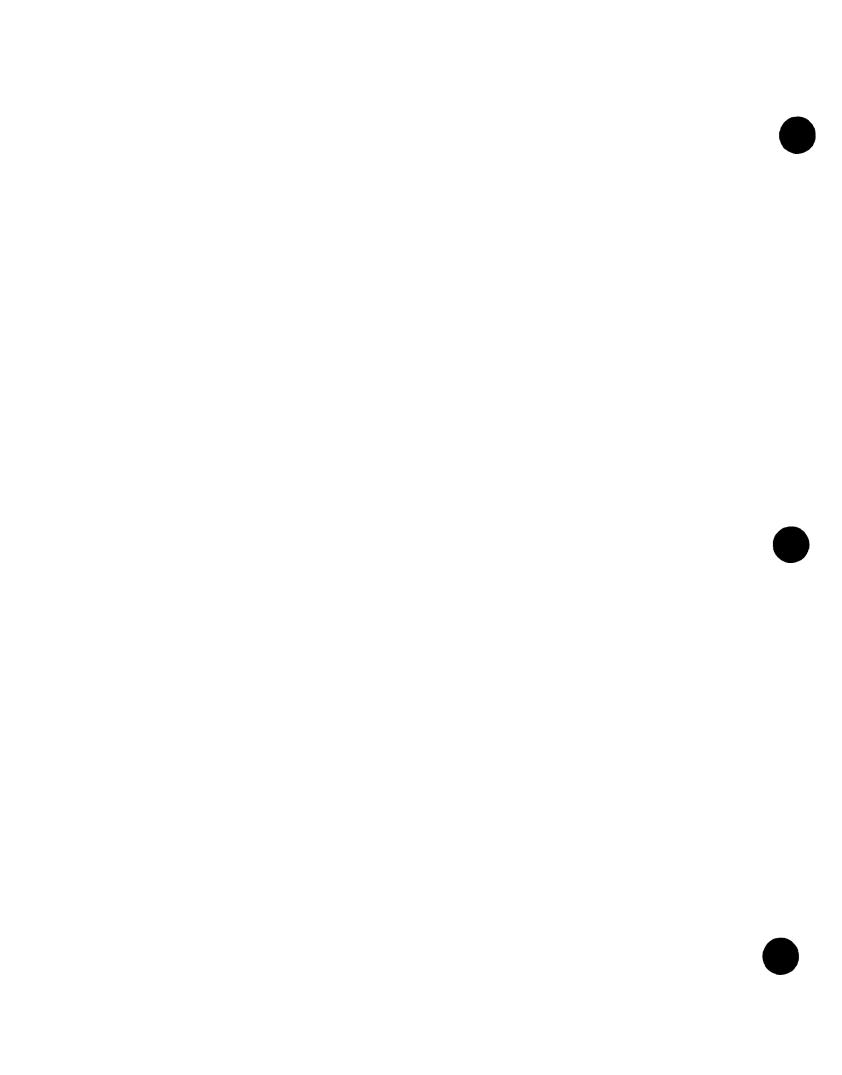
- What does this all mean to EMS In addition to the above suggestions emergency medical services personnel can serve as a valuable asset in the development of community based prevention/intervention programs. Some examples are:
 - A. Participate in **task** forces and work groups.
 - B. Develop public information and education materials.
 - C. Develop TV and radio PSAs, posters and signs.
 - D. Volunteer to speak for seminars and workshops sponsored by professional associations.
 - E. Enlist the aid of hospital volunteer auxiliary groups to work on public information and awareness projects.
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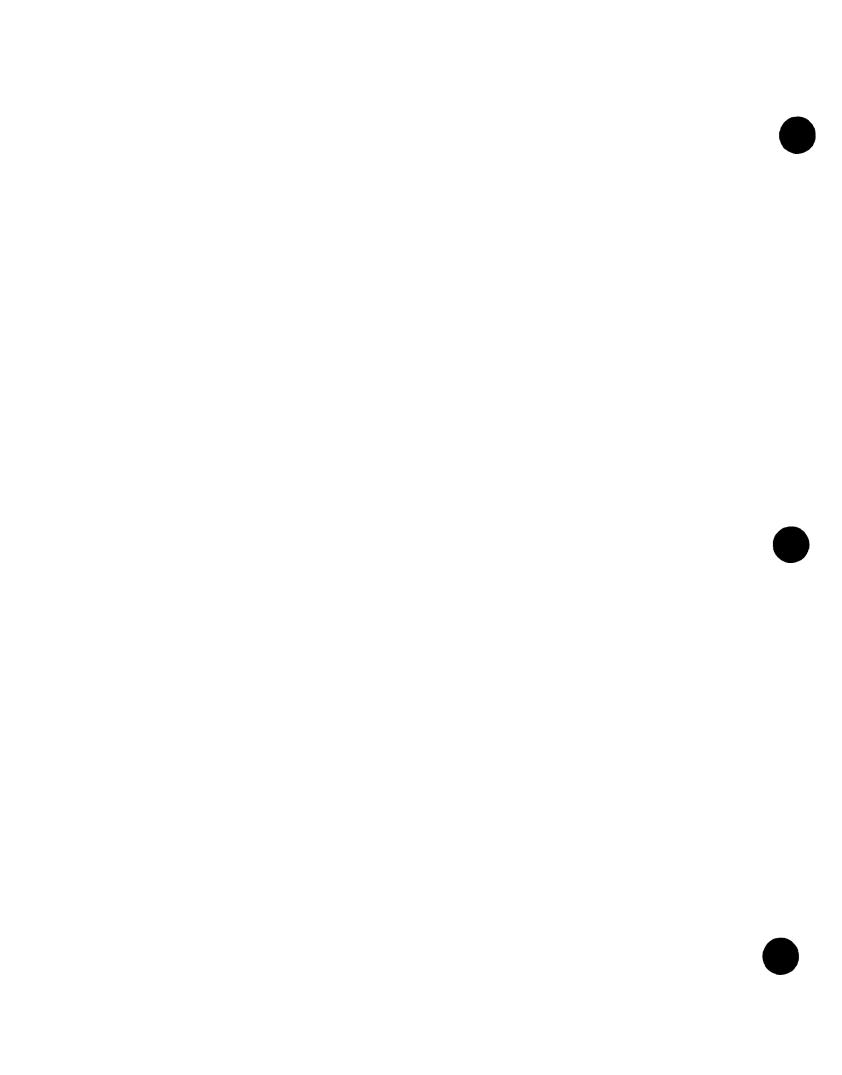
- J. Write articles for local publications as well as letters to newspaper editors.
- K. Offer support to elected government officials when drinking and driving legislation or ordinances are being considered and be willing to testify if necessary.

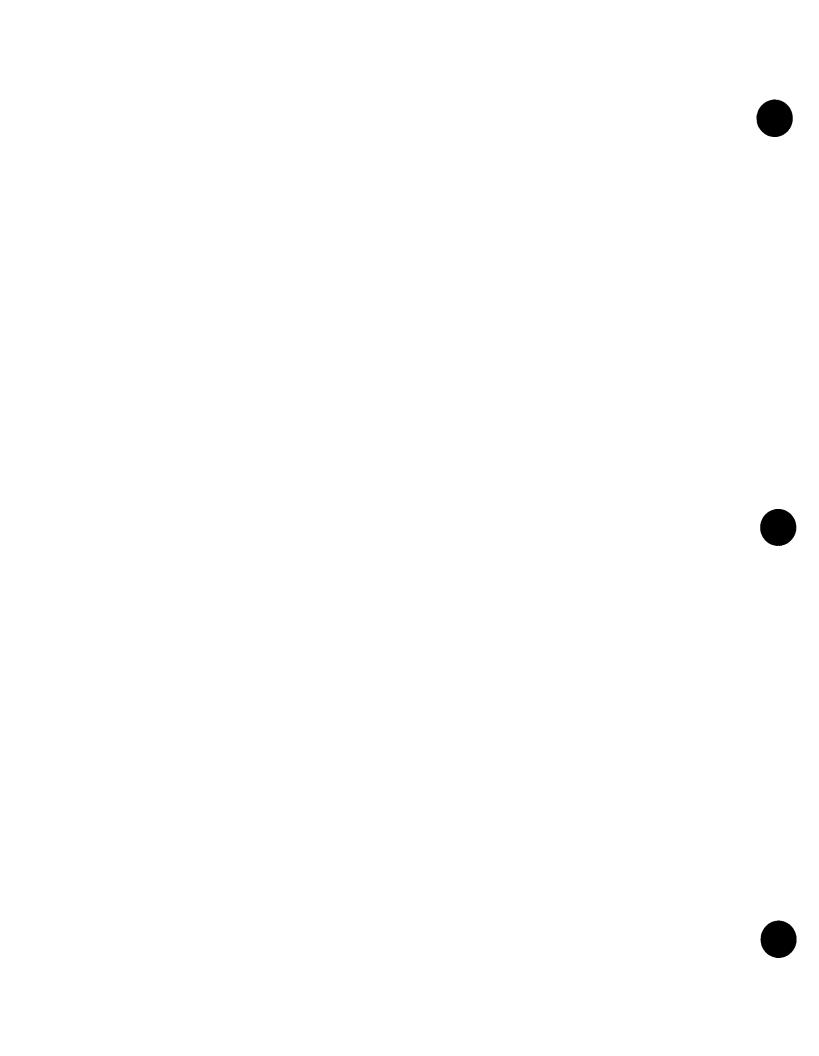
EMS personnel, in addition to being a part of the network system, can open doors to other health care agencies, provide leadership and expertise in the utilization of these agencies and encourage activity by these health care professionals.

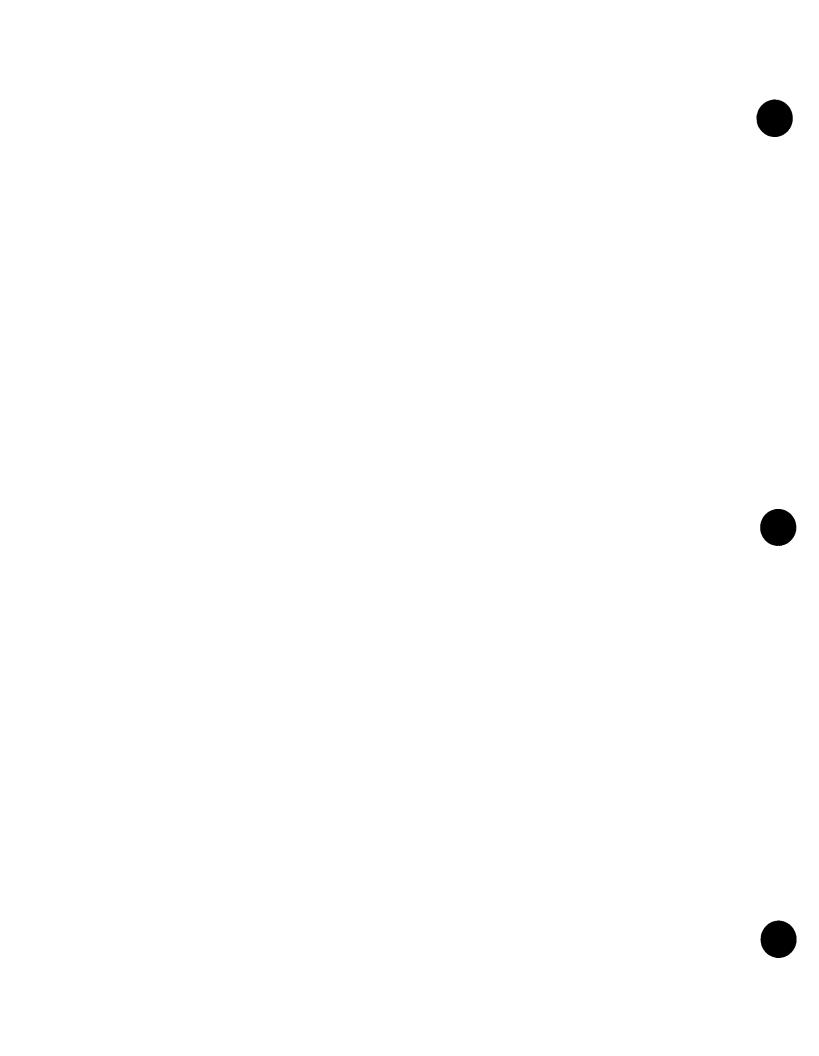
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- 7. How much alcohol does a 12 ounce can of beer which Is 4.5% alcohol contain?
 - A. .54 ounces
 - **B. 4.5** ounces
 - **C. 0.12** ounces
 - D. 1.2 ounces
- 8. 80 "Proof" means:
 - A. That the percentage of alcohol has been verified.
 - B. That the beverage contains 8% alcohol.
 - C. That the beverage contains 40% alcohol.
 - D. That the beverage contains 160% alcohol.

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- 8. The greatest health hazard from chronic alcohol use is:
 - A. Increased cardiovascular disease.
 - B. Primary mainutrition.
 - C. Blood clotting disorders.
 - D. Cirrhosis
- 9. Assume that an indivudual ingested two ounces of alcohol. Which of the following is LEAST likely to influence his or her reaction to the alcohol?
 - A. The amount of food in the stomach.
 - B. The type of fluid in which the alcohol existed, e.g. wine vs. mixed drink vs. wine coder.
 - C. The situation in which the drinking ocurred.
 - D. The individual's mood.
 - E. The indivudual's attitude towards alcohol.
 - F. The individual's experience with alcohol.
 - G. The condition of the person's liver.
 - H. Whether the person has taken other drugs.
- 10. Which all the following statements about alcohol effects on the body is false?
 - A. Brain activity is slowed.
 - B. Small amounts of alcohol can Impair vision.
 - C. The brain's memory system is disrupted.
 - D. The person's body temperature increases.

Section 2A

8-9 drinks/hour

D.

Which	of the following Is NOT an area of performance necessary for driving an automobile?
A. B. C. D.	Acting Sensing Blood Alcohol Concentration Decision making
The I	owest blood alcohol concentration at which mental concentration is diminished is:
A.	0.02
B.	0.05
C.	0.08
D.	0.10
The	average adult exhibits measurable impairment of reaction time Initially after
Α.	1-2 drinks/hour
B.	3-4 drinks/hour
C.	5-6 drinks/hour
D.	7-8 drinks/hour
	average adult exhibits a definite impairment of reaction time, judgment, or ability to le attention as early as
A.	2-3 drinks/hour
В.	4-5 drinks/hour
C.	6-7 drinks/hour
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Section 2A

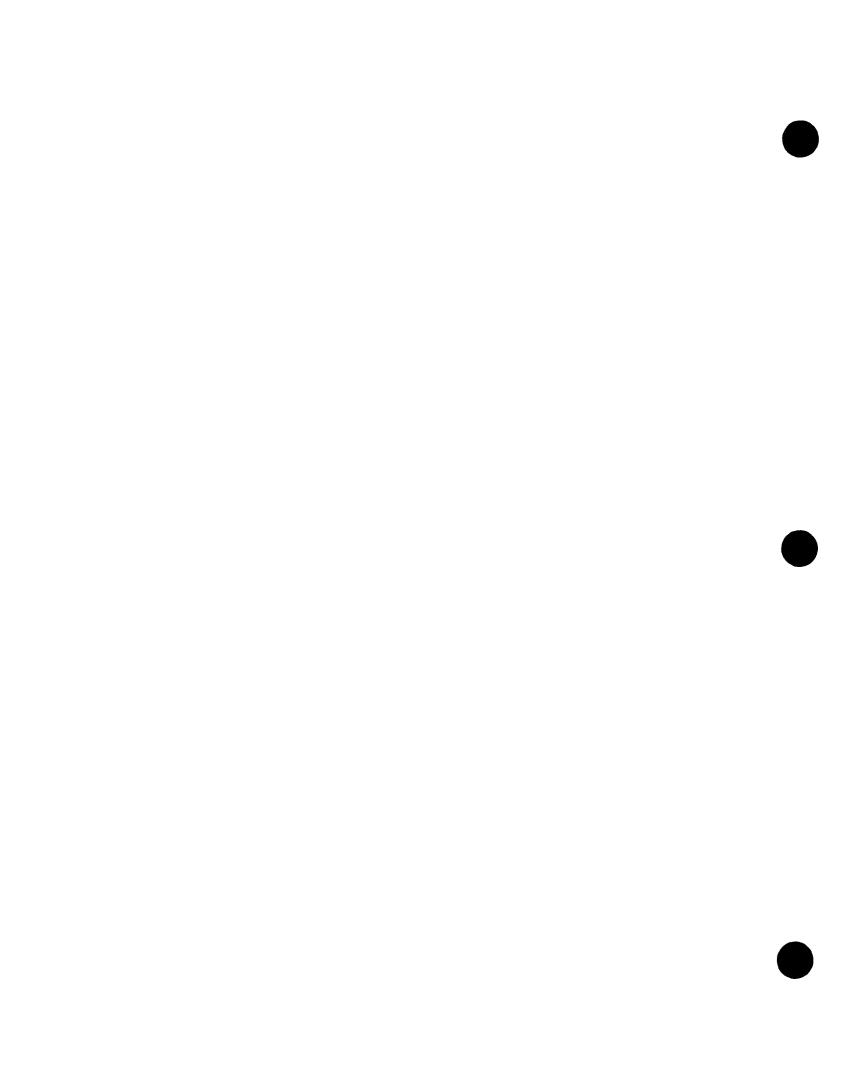
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Section 2B

- 1. Federal alcohol legislation focuses on which of the following changes.
 - A. Changes needed to meet Incentive grant programs.
 - B. Changes In legal drinking age.
 - C. Changes needed to improve state and local programs.
 - D. Changes prohibiting certain levels of alcohol consumption.
- 2. The availability of chemical tests for blood alcohol concentrations has made the enforcement process more **objective**, fair, and efficient. True or False.
- 3. List your state's Penalty for the FIRST DUI offense and the SECOND DUI offence.
- 4. Chemical tests to determine blood alcohol concentrations are are used as a means of enforcement because they:
 - A. Are easy to administer.
 - B. Are usually foolproof.
 - C. Do not require training.
 - D. Are accurate and valid.
- 5. Through which of the following has enforcement been made easier?
 - A. More law enforcement officers.
 - B. Improvements In legislation.
 - C. Improvements In technology.
 - D. Improvements in alcohol programs.
- 6. Plea-bargains are attempted AFTER a sentence has been handed down. True or False
- 7. Since 1980, alcohol legislation has focused on which of the following?
 - A. Reducing or eliminating plea bargaining.
 - B. Encouraging 'hard' suspension of the Individual's driver's license.
 - C. Increasing license suspension periods.
 - D. Discouraging jail sentences.
- 8. Suspension of an individual's driver's license has proven to be the single most effective sanction for deterring DUI offenders. True or False



Section 3A

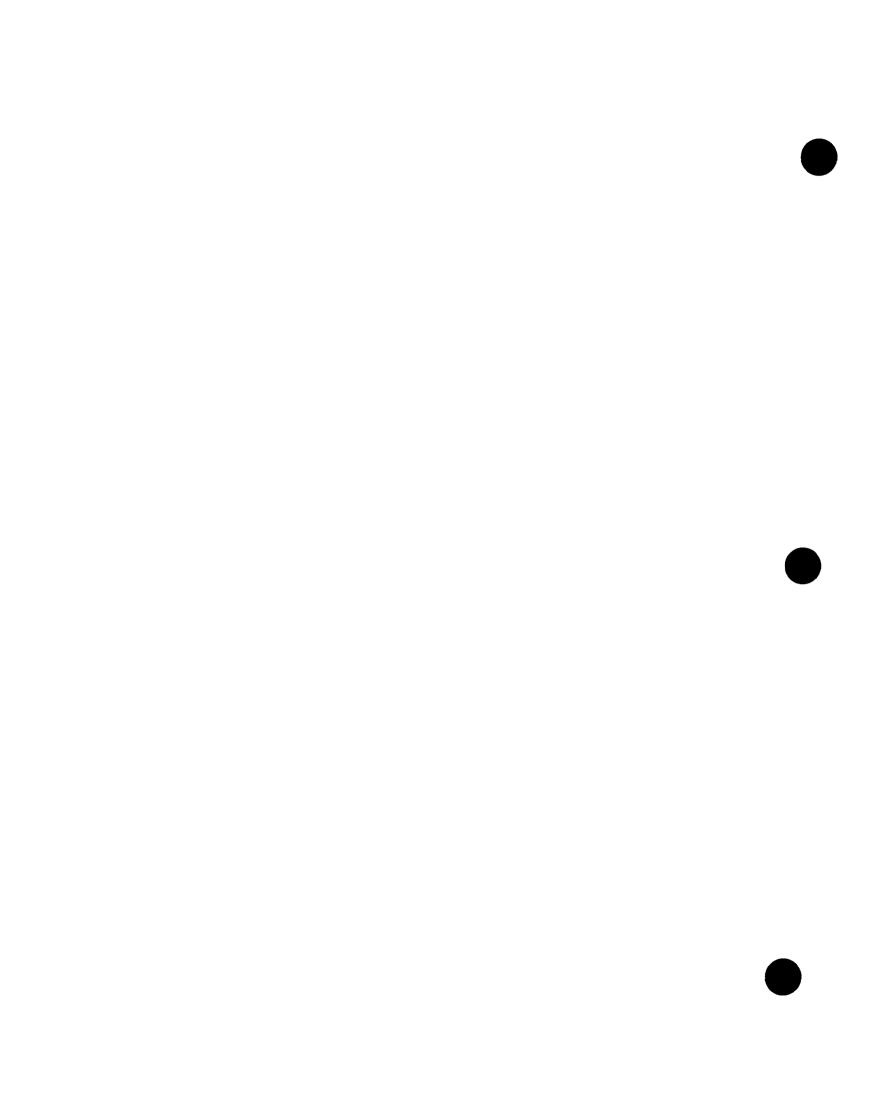
- Drinking drivers are more likely to have crashes than non-drinking drivers but the results
 of the crash are usually less severe since the drinking driver's body is more relaxed when
 impact occurs. True or False
- 2. The **significance** of risks may be altered by fatigue or one's mood or expectations. True or False
- 3. List three situations In which a person has the **responsibility** to Influence another's **behavior** regarding alcohol consumption.
- 4. List five steps which can be taken by the host to help guests avoid alcohol impairment at a party.
- 5. List five steps which can be taken by the host while planning a party to prevent guests from **driving** while alcohol **impaired**.
- 6. List six groups which should be part of a networking team.

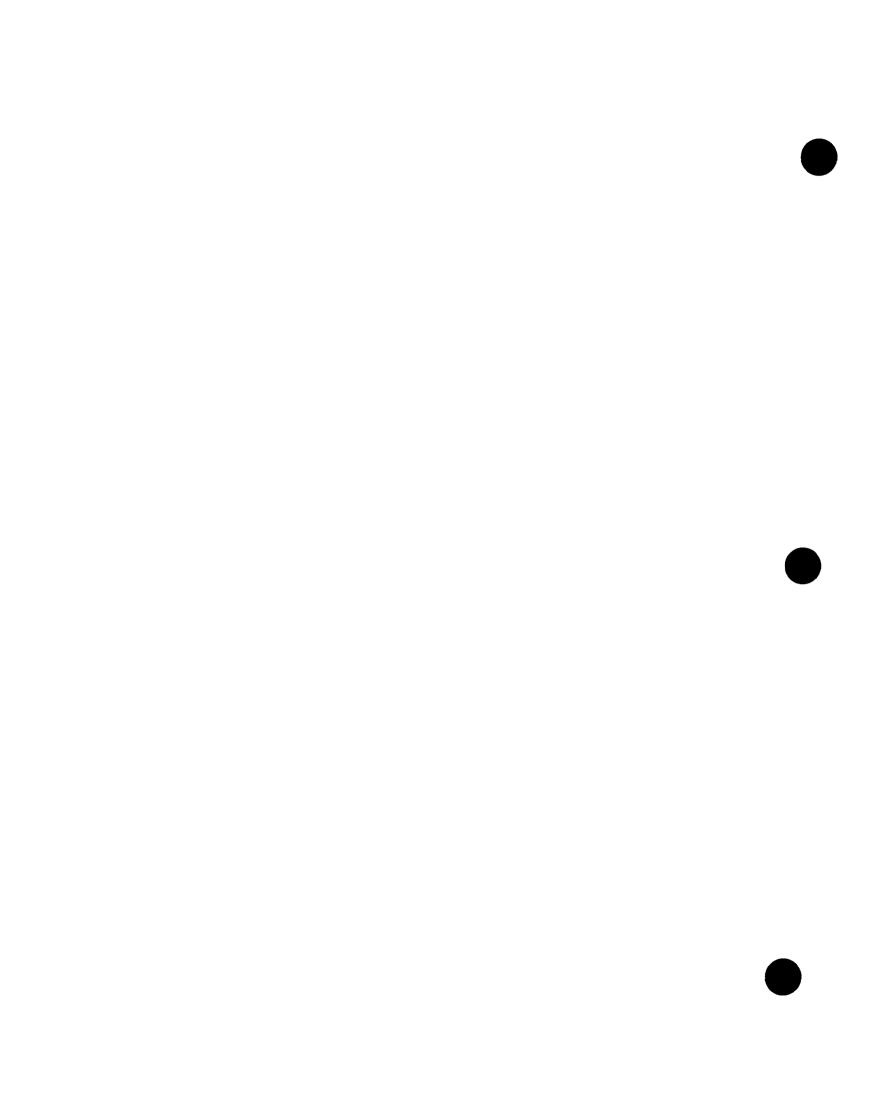
Section 3A

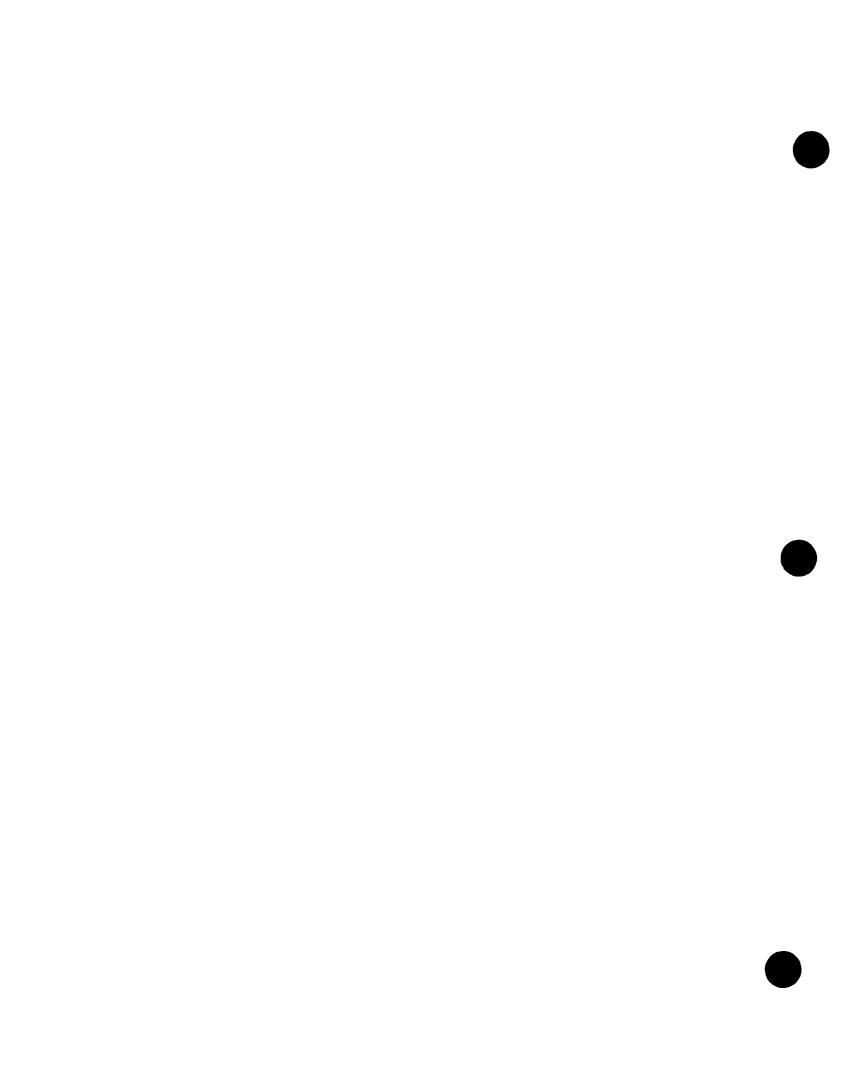
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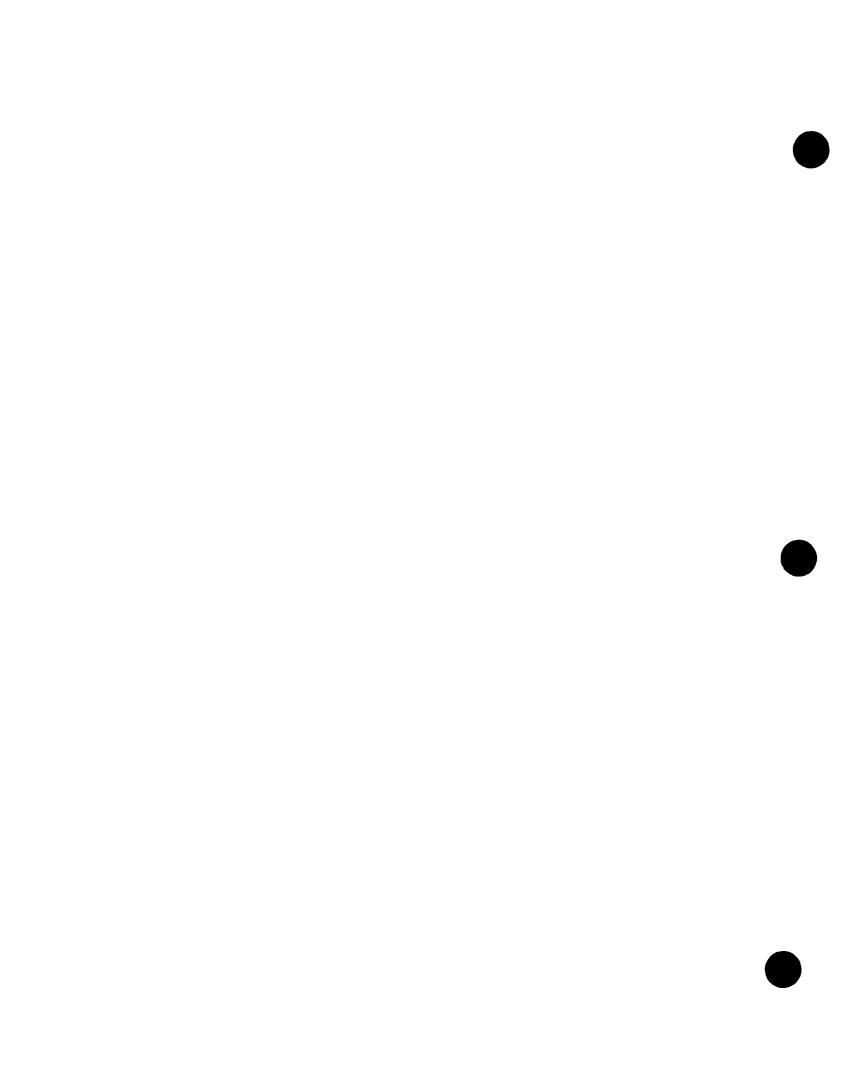
Instructions: Match the following techniques of prevention/Intervention with one of the choices from the list below: A. Planning Skill B. Refusal Skill C. Pursuasion Skill D. Environmental Intervention 1. Development of legislation providing uniform closing hours. ____ 2. Convincing your guest that It's time to stop drinking and start eating. ____ 3. Making sure that you have alternatives to alcohol for designated drivers. ____ 4. Telling your impaired spouse that you will not go home unless he/she lets you drive. ____

5. Remaining parked until your Impaired passenger completes putting on his safety belt. ____



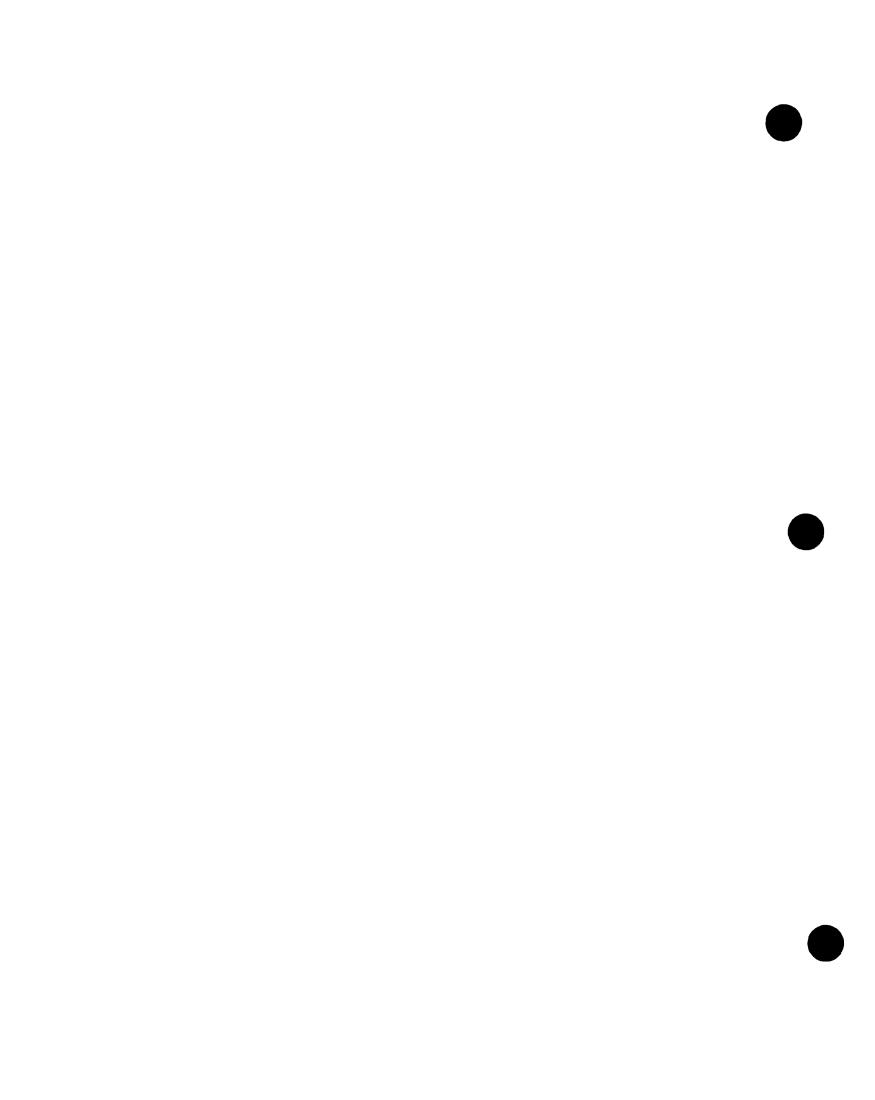


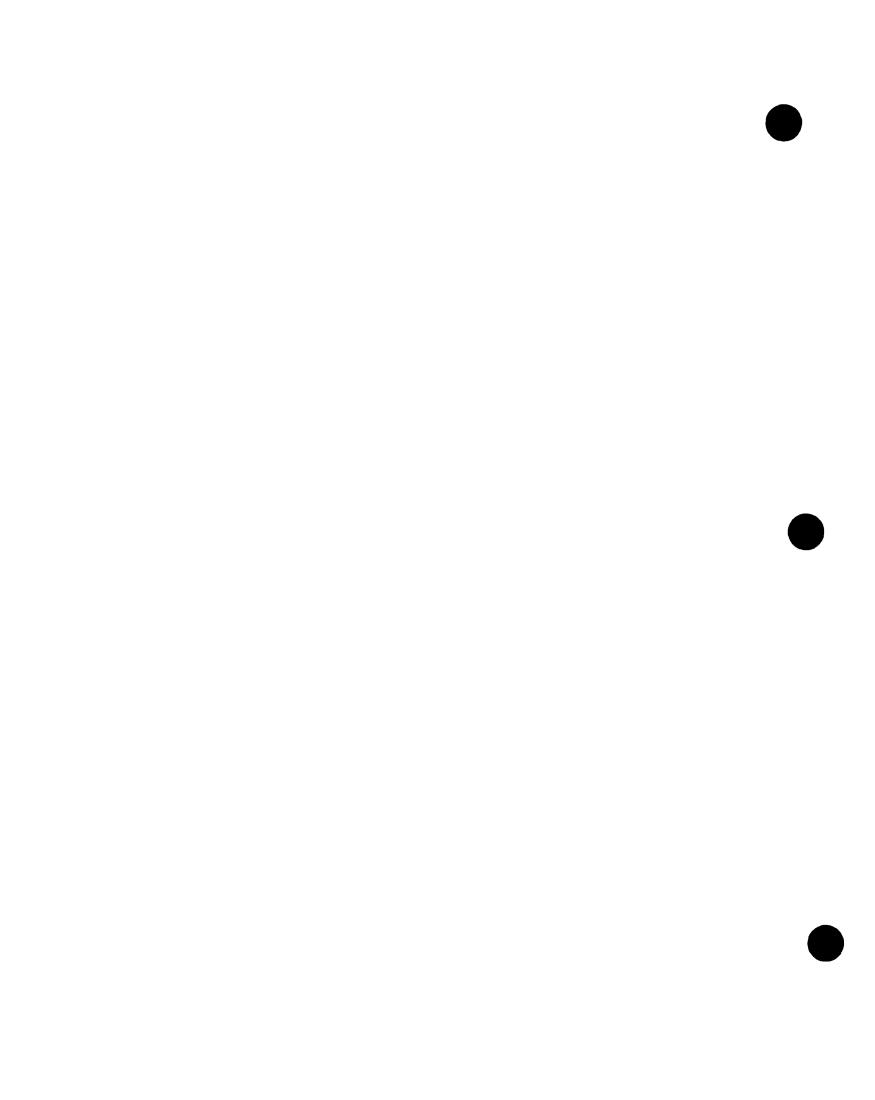


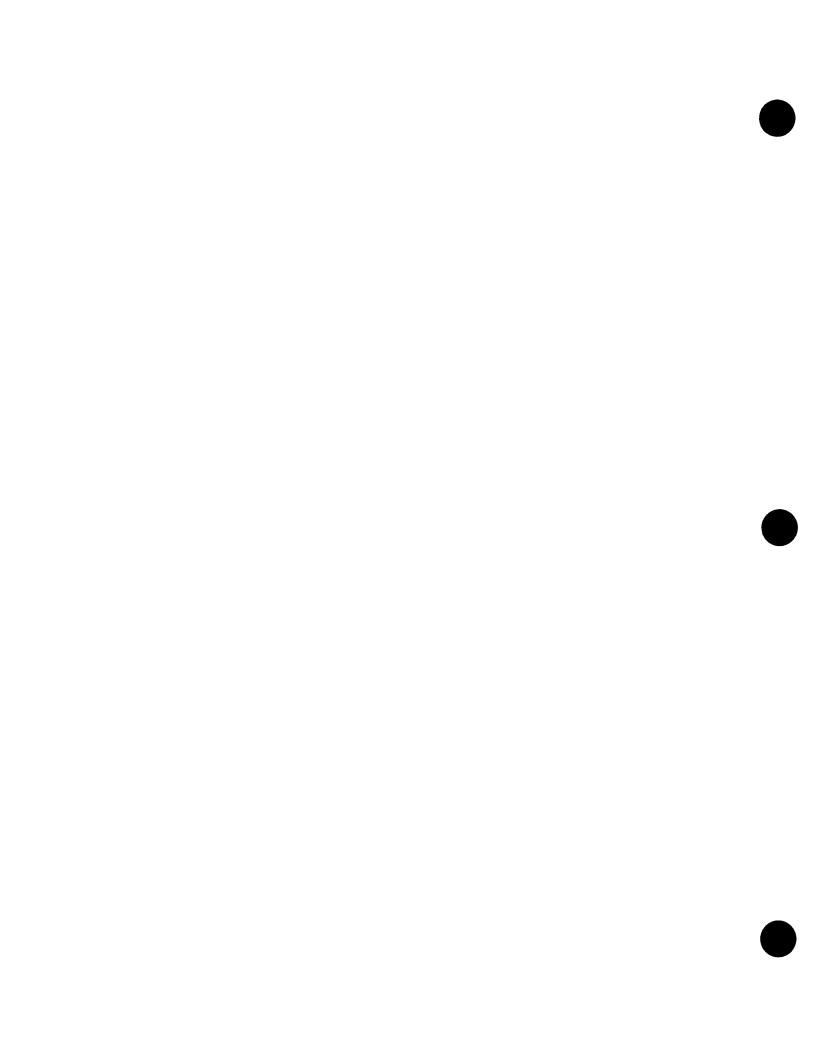


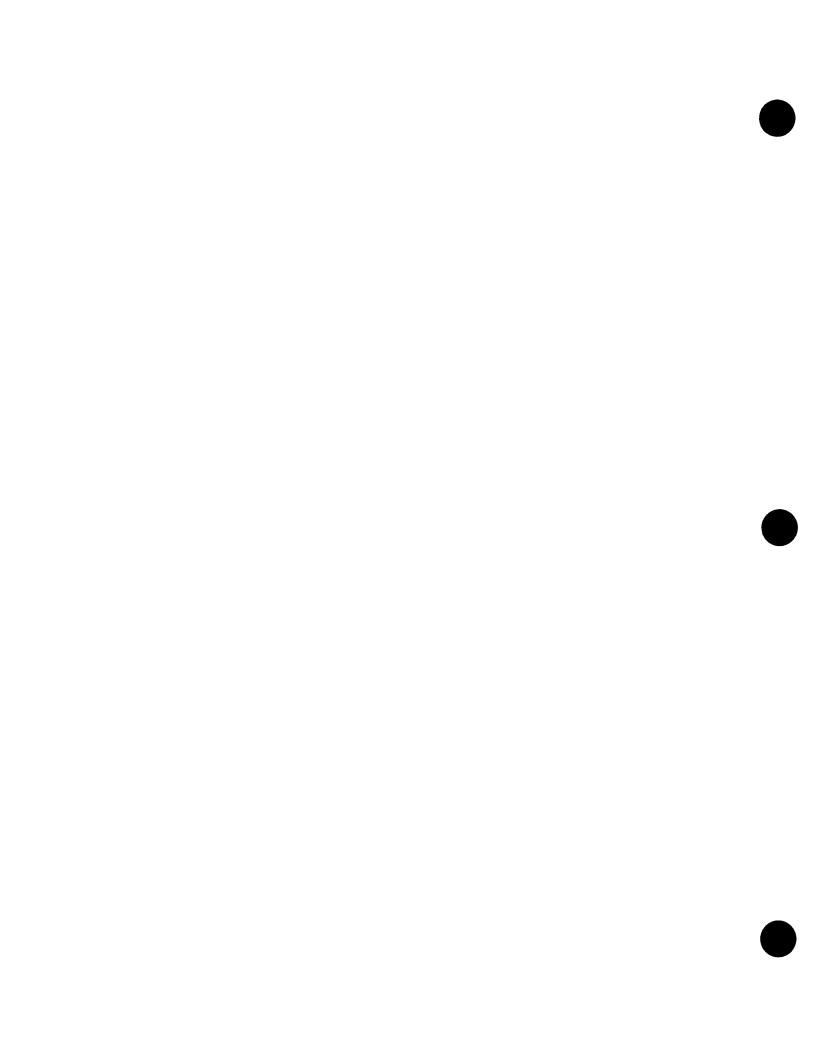
9.	If a friend has had three beers, I have an obligation to try to keep him or her from driving.					
	Strongly Agree	Slightly Agree	Slightly -Disagree			
10.	If I know for certain that a friend is not going to be driving, I do mot have to worry about limiting his or her drinking.					
	Strongly Agree	Slightly - Agree		Strongly -Disagree		
11.	If I am the driver, I have a responsibility to see to it that my passengers buckle up their safety belts.					
	Strongly Agree	Slightly - Agree	Slightly -Disagree	Strongly -Disagree		
12.	I have at least two personal friends who sometimes drive when they have had two much to drink.					
	Strongly Agree	Slightly Agree	Slightly -Disagree	Strongly Disagree		
13.	Most of the time, I can talk my friends out of driving when they have had too much to drink.					
	Strongly - Agree	Slightly Agree	Slightly -Disagree	Strongly -Disagree		
14.	'Safe Ride" and "Dial-A-Wide" services for drinkers probably encourage some people to drink more than they otherwise would.					
	Strongly - Agree	Slightly - Agree	Slightly Disagree	Strongly -Disagree		
15.	I have several personal friends who just absolutely refuse to wear their safety belts when they ride with me.					
	Strongly Agree	Slightly A g r e e	Slightly -Disagree	Strongly -Disagree		
16.	Sometimes, there is just no way to keep a friend from driving when he or she has had too much to drink.					
	Strongly - Agree	Slightly Agree	Slightly Disagree	Strongly -Disagree		
17.	I'd be willing to make the following "deal" with a friend who Is too drunk to drive: If he gives me his keys, I'll give him another drink.					
	Strongly Agree	Slightly A g r e e	Slightly -Disagree	Strongly -Disagree		

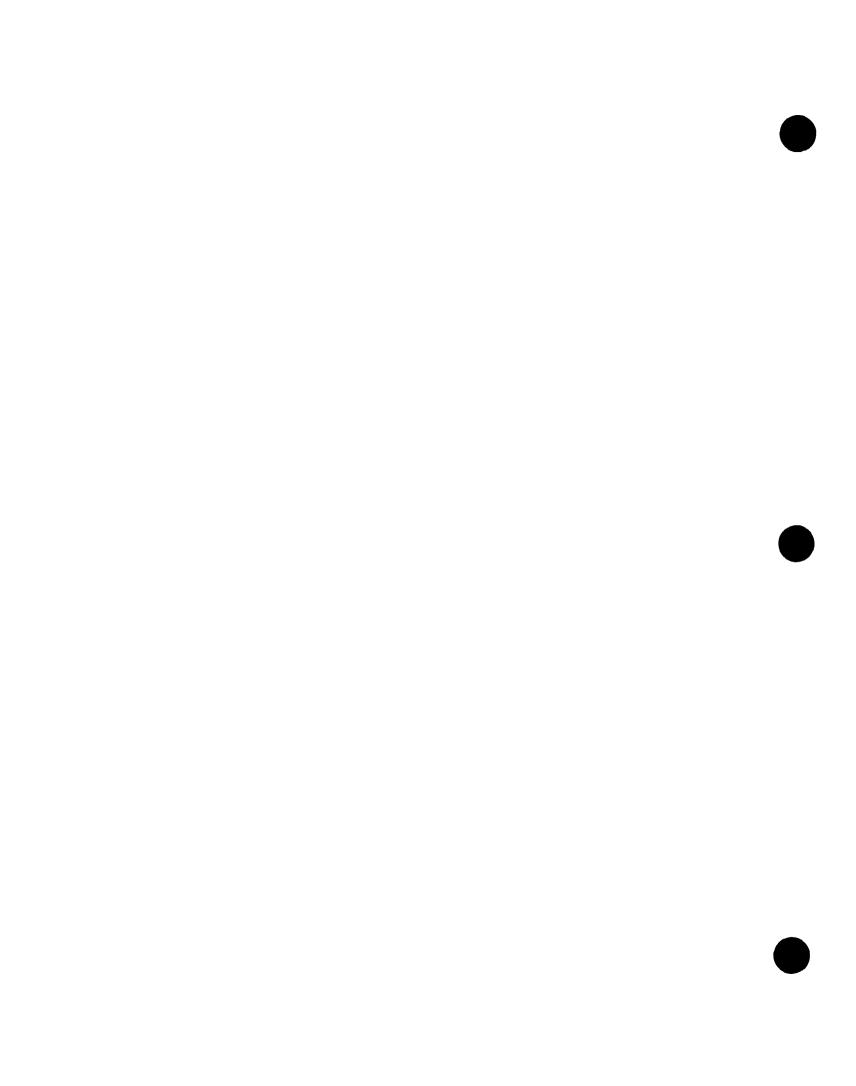
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ALCOHOL: PHYSIOLOGY/CLINICAL ASPECTS

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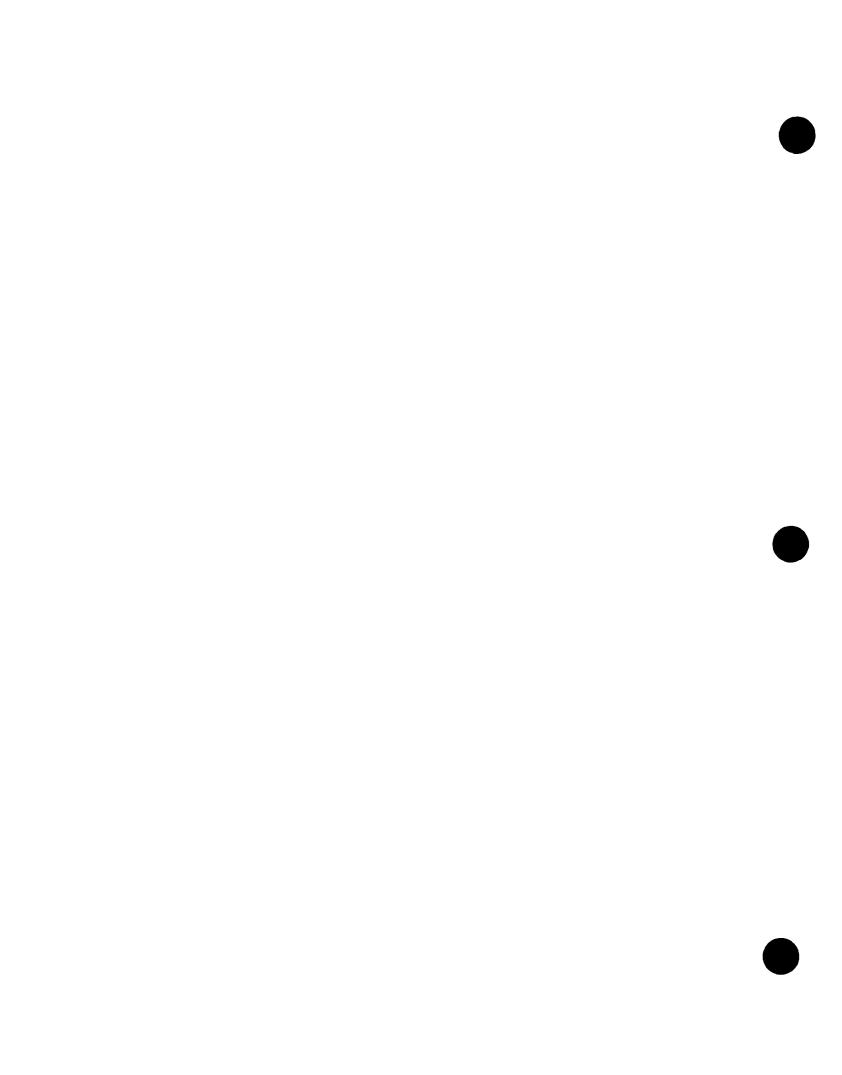
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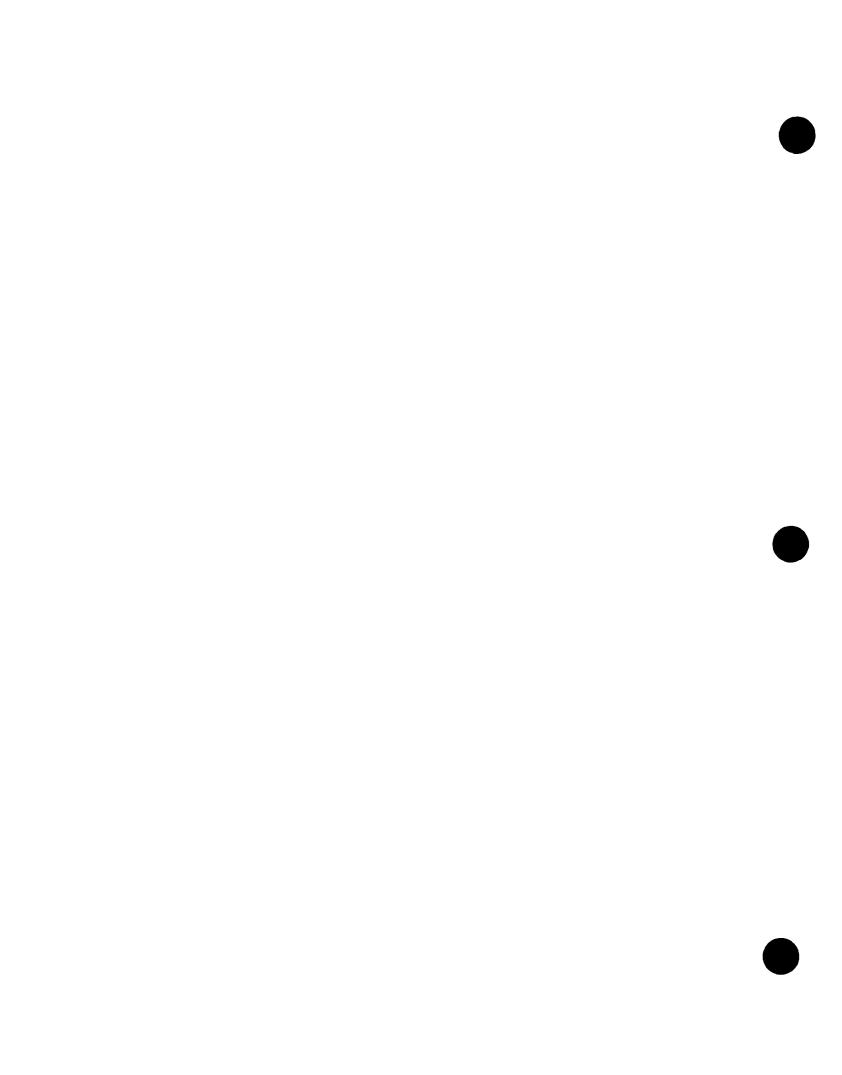
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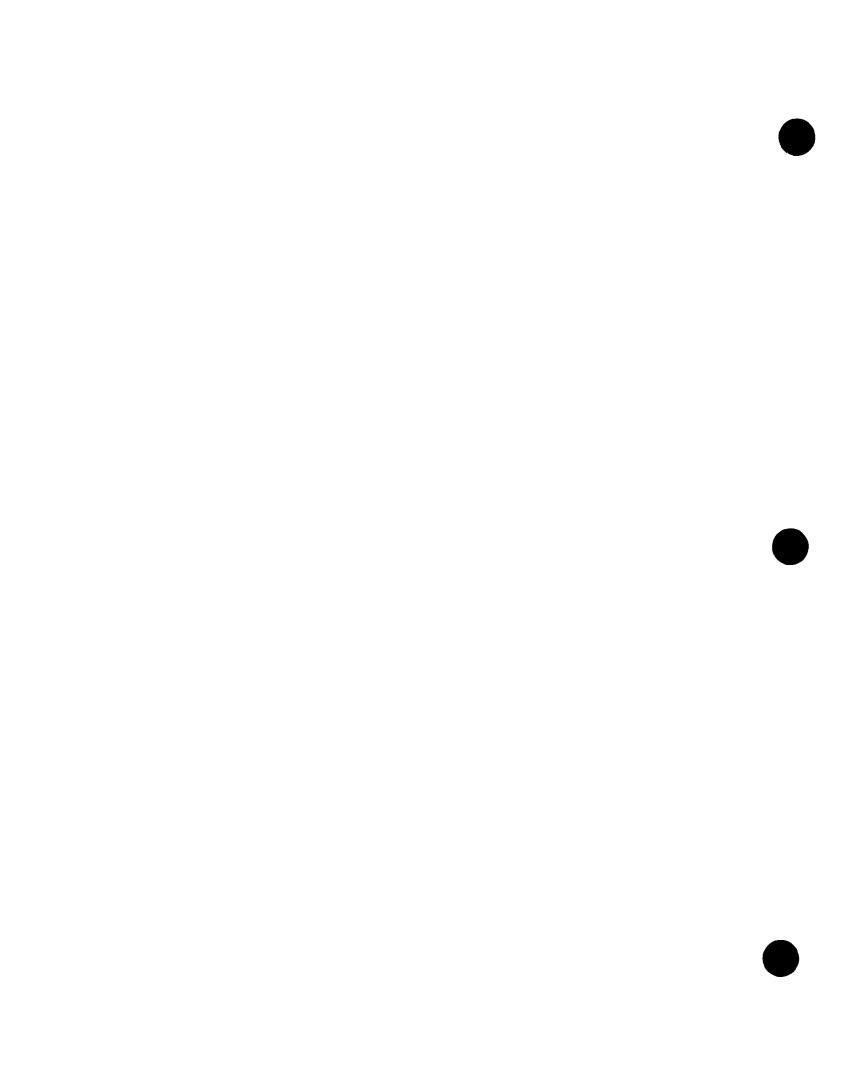
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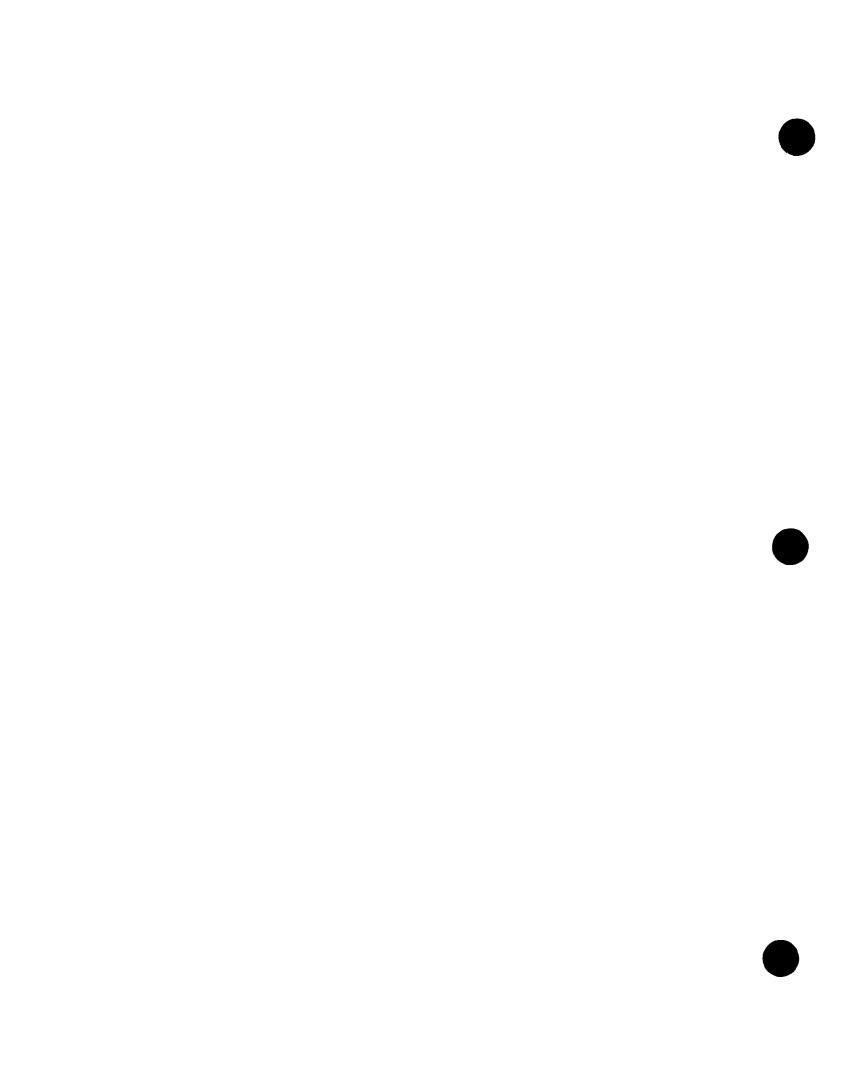












Safety Directors/Risk Managers

Major Business/Government Agencies

Presidents of Business and Professional Associations/Auxiliaries

Chamber of Commerce
Automobile Dealers
Gasoline Retailers
insurance Agents
County Medical society/Auxiliary
County Dental Society/Auxiliary
Pediatric Nurse Practitioners/Physician's Assistants Association
Emergency Nurse Association

Managers of Local Businesses

Shopping Centers/Malls Public Relations Firms Banks Fast Food Franchises Car Rental Agencies Driving Schools

Presidents of Community Organizations/Service Clubs/ Auxiliaries

Parent-Teacher Organizations
Council of Churches
American Association of University Women
League of Women Voters
Zonta Club
Jaycees
Rotary
Shriners
Kiwanis
Business and Professional Women
Car Clubs
Wed Cross
Epilepsy Society
Easter Seal Society
Volunteer Bureau

Staff of Health/Nutrition Programs

Public Health Departments W.I.C. Program Family Physicians

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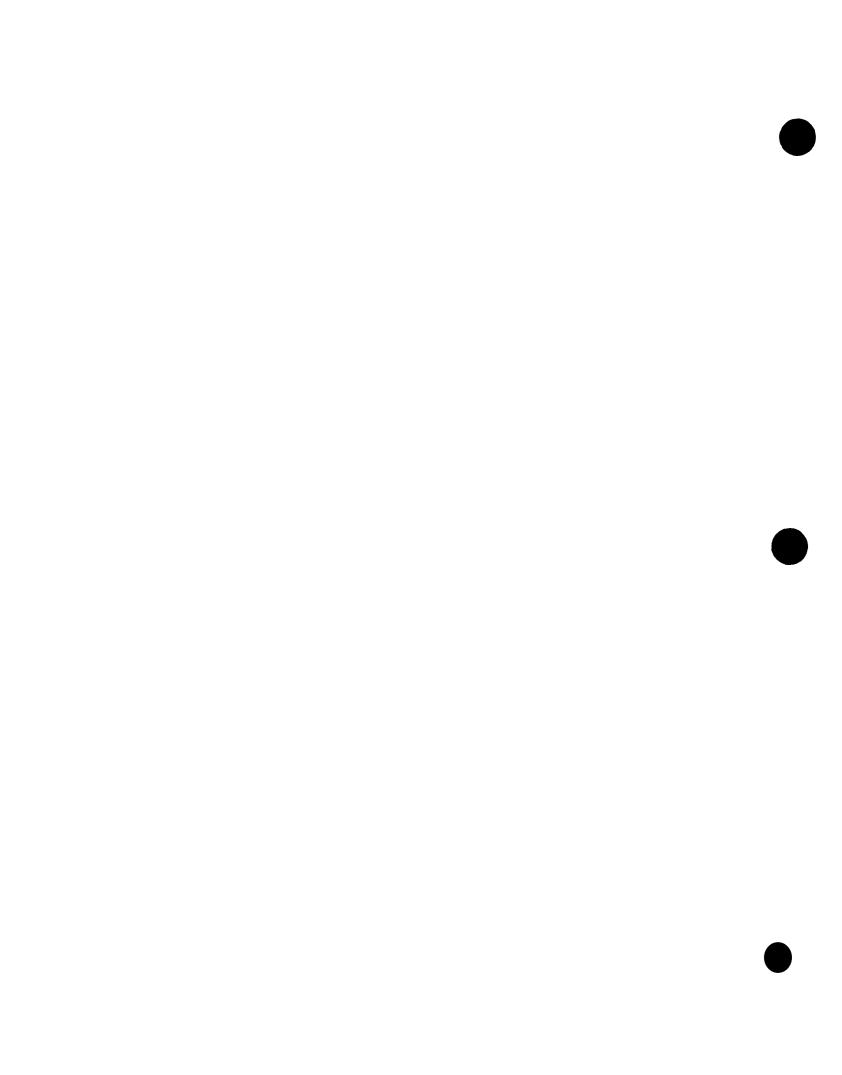
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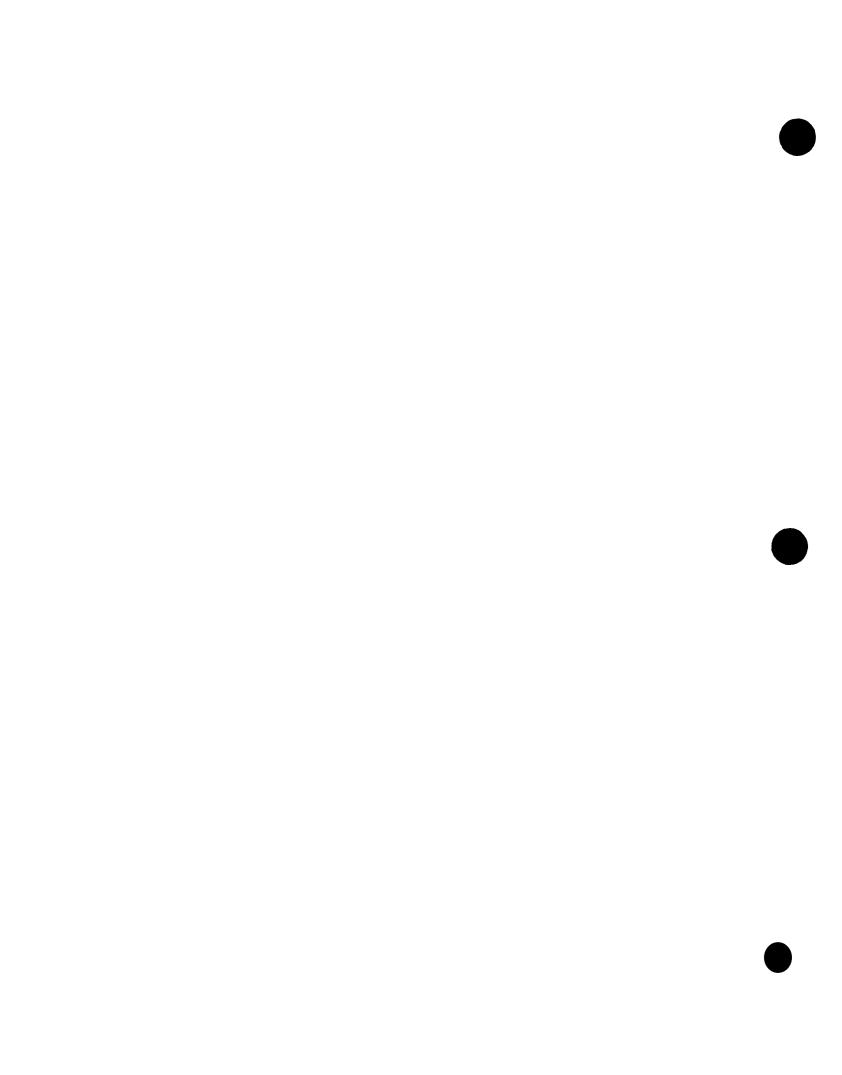
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American Public Health Association 1105 15th St. NW. Washington, DC 20002 (202) 789-5627

American Red Cross 17th and D Street NW. Washington, DC 20006 (202) 639-3103

American School Health Association P.O. Box 708 Kent, OH 44240

American Spinal Injury Association 2020 Peachtree Road N.W. Atlanta, GA 30309 (404) 352-2020

American Trauma Society 22 S. Greene Street Baltimore, MD 21201 (301) 528-6304

Association for the Advancement of Health Education 1900 Association Drive Reston, V A 22091 (703) 476-3440

Association of State and Territory Health Officers
1311 A Dolly Madison, Ste 3-A
McLean, VA 22101
(703) 556-9222

Auxiliary to the American Dental Association 9055 Rott Road St. Louis, MO 63127 (314) 965-9055

Auxiliary to the American Optometric Association 243 N. Lindberg Boulevard St. Louis, MO 63141 (314) 991-4100 Boy Scouts of America 1325 Walnut Hill Lane Irving, TX 75062 (214) 659-2447

Council of State Science Supervisors Dept of Education
P.O. Box 6Q
Richmond, VA 23216
(804) 225-2864

Home Economics and Food Nutrition ES-USDA, 3443 South Bldg. Washington, DC 20250 (202) 447-2908

Future Farmers of America P.O. Box 15160 Alexandria, VA 22309 (703) 360-3600

General Federation of Women's Clubs 1734 N Street, NW. Washington, DC 20036 (202) 347-3168

Girls Scouts of the USA 830 Third Avenue New York, NY 10022 (212) 940-7530

US Department of Health and Human Services 330 C Street SW. Washington, DC 20201 (202) 472-5370

Healthy Mothers/Healthy Babies 600 Maryland Ave. SW. Ste 300 E Washington DC, 20024 (202) 638-5577

International Association of Chiefs of Police 1100 N. Glebe Rd.d Arlington, VA 22201 (703) 243-6500 National **Association** for the Education of Young Children 1834 Connecticut Ave., NW. Washington, DC 20009 (202) 232-8777

National Center for Health Education 2190 Meriden Park Blvd Concord, CA 94520 (415) 676-2813

National Association of Community Health Centers 1625 I St. NW., Suite 420 Washington, DC 20006 (202) 833-9280 National Clearinghouse for Alcohol and Drug Information P.O. Box 2345 Rockville, M D 20852

National Association of Counties 440 1st Street NW. Washington, DC 20001 (202) 393-6226 National Council of Negro Women 777 United Nations Plaza 3rd Floor New York, NY 10017 (212) 687-6113

National Association of Elementary School Principals 1615 Duke St. Alexandria, VA 22314 (703) 684-3345 National Council of State EMS **Training**Coordinators
P.O. Box 127
New Bloomfield, MO 65063

National Association of Home Extension Economics 100 East Knox St. Morrison, IL 61270 (815) 772-4075 National Extension Homemakers Council 5100 S. Atlanta
Tulsa, OK 74105

National Association of State EMS Directors Iron Works Pike P.O. Box 11910 Lexington, KY 40578 (606) 252-2291

National Head Injury Foundation P.O. Box 567 Farmingham, M A 01701 (617) 879-7473

National Association of State Directors of Law Enforcement Training 50 Tremont St. Room 2305 Melrose, MA 02176 (617) 662-2546

National Parent Teacher Association 700 Rush Street Chicago, IL 60611 (312) 787-0977

National Association of Student Councils 1904 Association Dr. Reston, V A 22091 (703)860-0200 National Passenger Safety Association 1705 DeSales St. NW. Suite 300 Washington, DC 20036 (202) 429-0515

National Association of Women Highway Safety Leaders 3008 North 16th Dr. Phoenix, AZ 85015 (602) 263-1254

National School Transportation Association P.O. Box 2637
Springfield, VA 22152
(703) 644-0700

National Sheriff's Association 1450 Duke St. Alexandria, VA 22314 (703) 836-7827

National Student Safety Program 213 Humphries Bldg. Warrensburg, MO 64093 (816) 429-4626

Sam Channell National EMS Clearinghouse iron Works Plke P.O. Box 11910 Lexington, KY 40578 (606) 252-2291

State Association of Chiefs of Police P.O. Box 514 Choctaw, OK 73020 (405) 390-9110

Students Against Drunk Driving Box 800 Malboro, M A 01752 (617) 481-4568

United States Conference of Mayors 1620 I St. NW. Washington, DC 20006 (202) 293-7330 National Sheriff's Association 1450 Duke St. Alexandria, VA 22314 (703) 836-7827

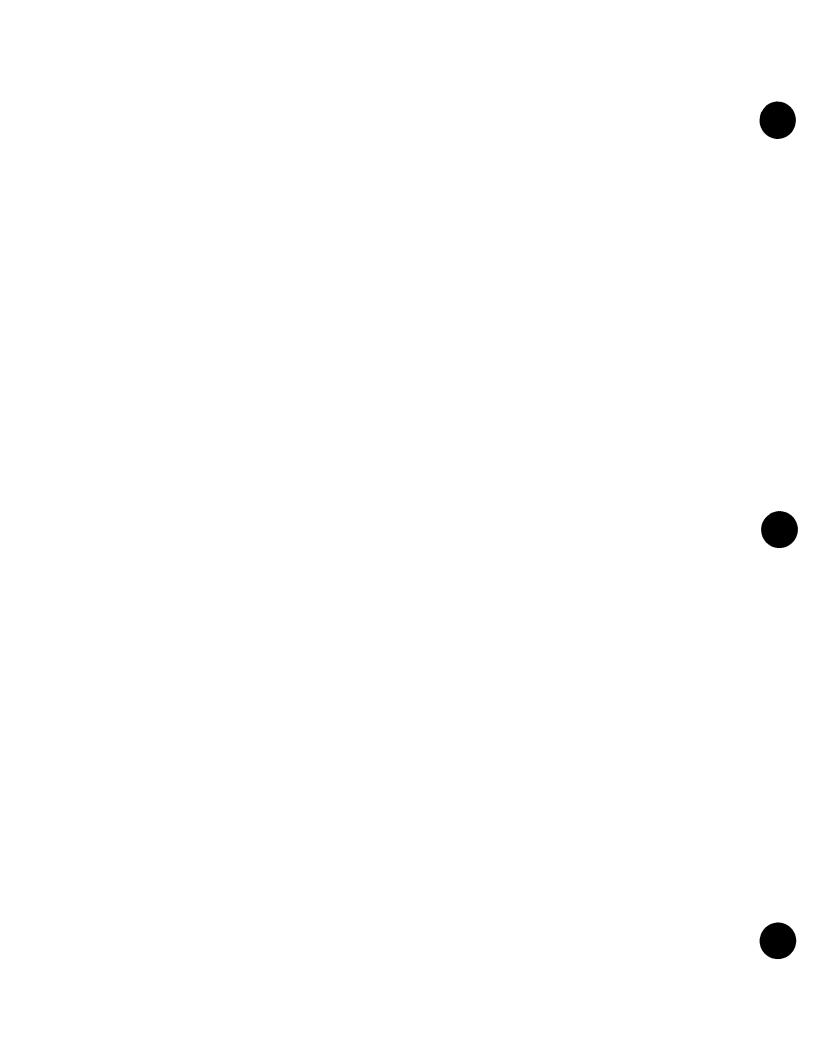
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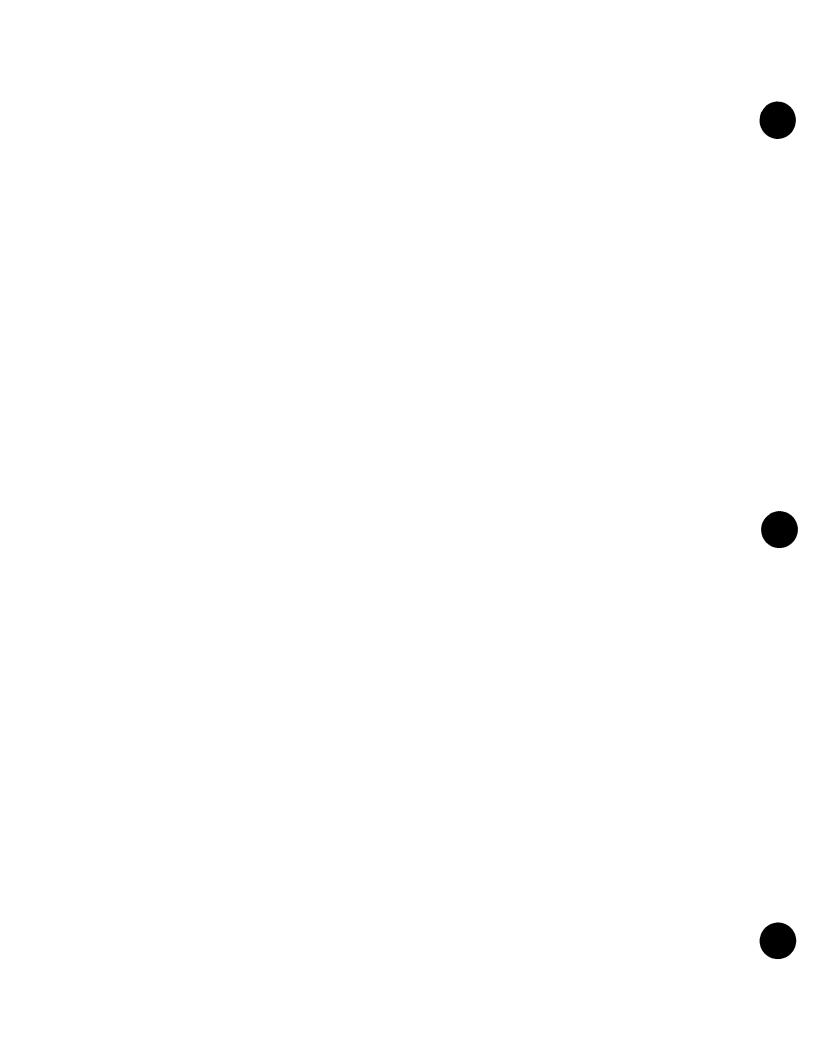
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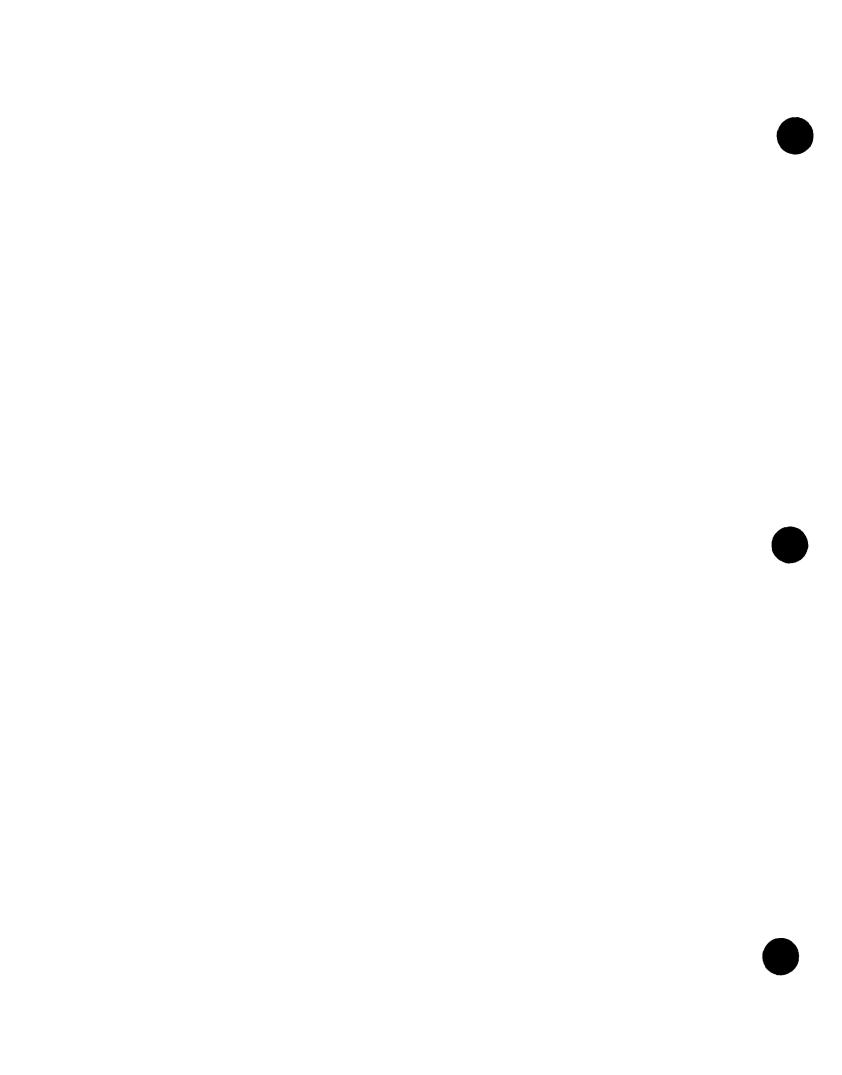
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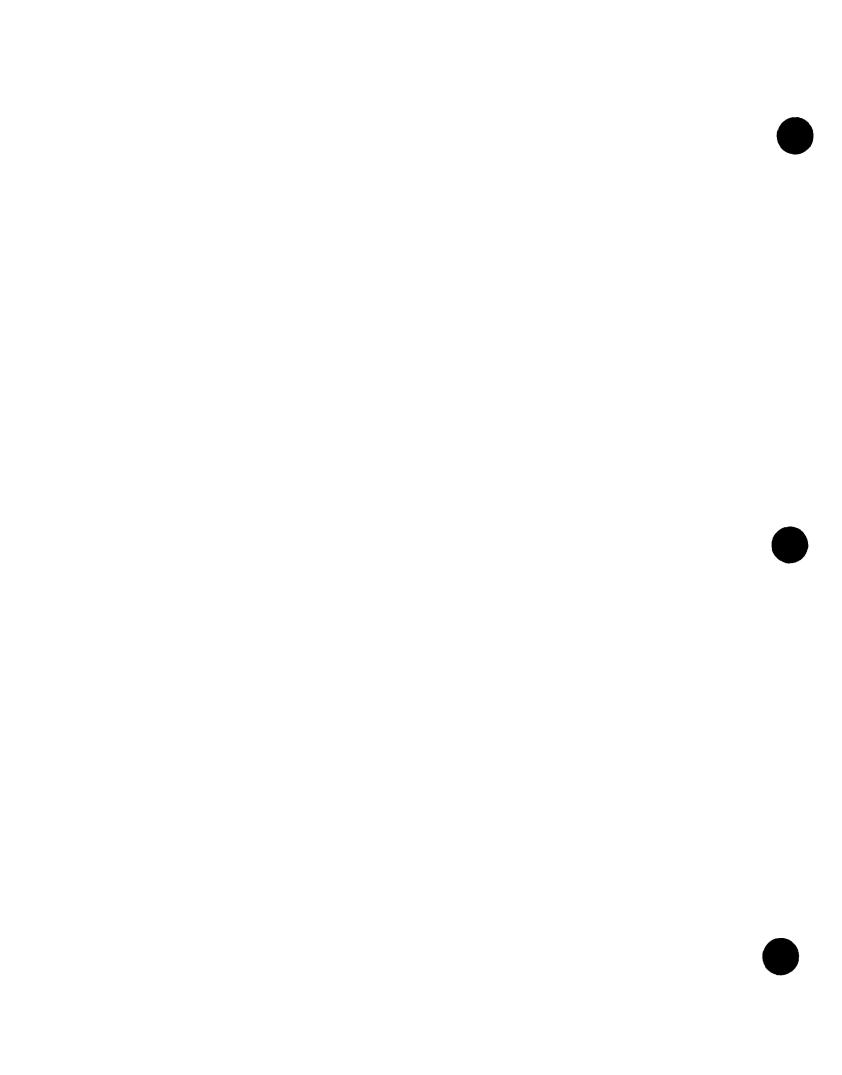
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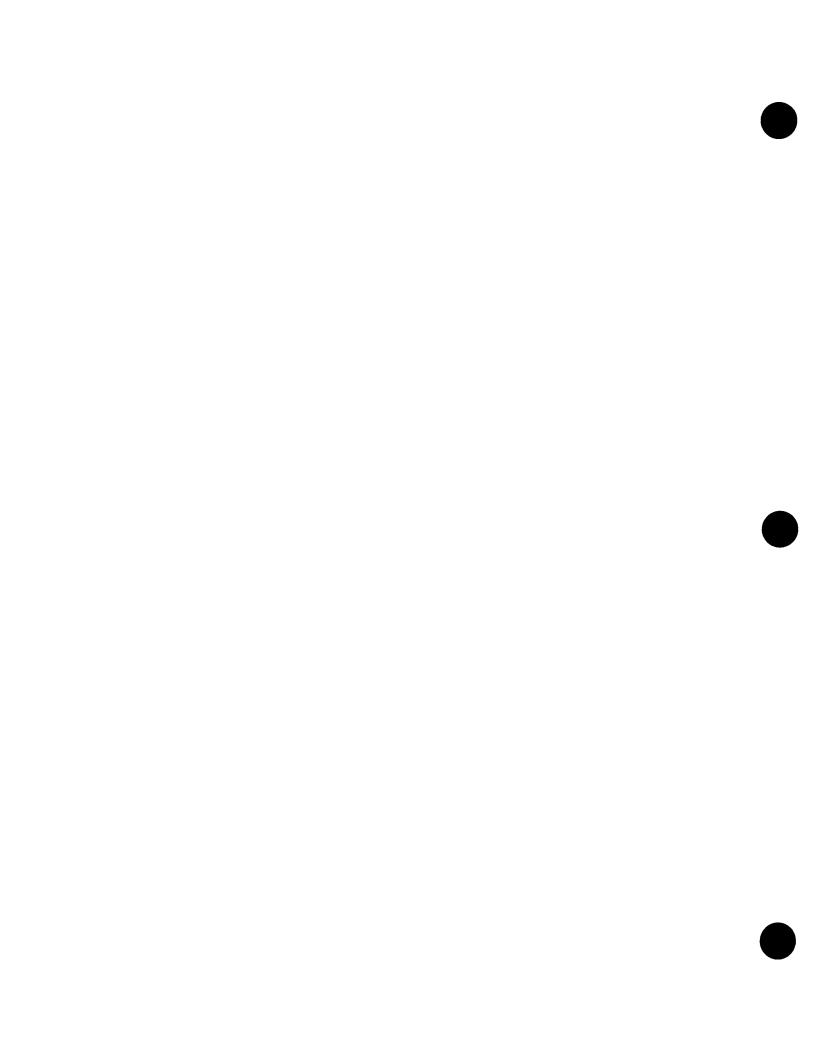
United States Conference of Mayors 1620 I St. NW. Washington, DC 20006 (202) 293-7330











GOVERNORS' HIGHWAY SAFETY REPRESENTATIVES AND COORDINATORS

REPRESENTATIVE

COORDINATOR

ALABAMA

AL Department of Economic and Community Affairs P.O. Box 2939 3465 Norman Bridge Road Montgomery, AL 36105-0939 Phone: (205) 261-3572 Highway and Traffic Safety, and Law Enforcement Planning Division
AL Department of Economic and Community Affairs
P.O. Box 2939
3465 Norman Bridge Road
Montgomery, AL 36105-0939
Phone: (205) 261-5897

<u>ALAS</u>KA

Highway Safety Planning Agency Department of Public Safety P.O. Box N 450 Whittier Street Juneau, AK 99811 Phone: (907) 465-4371 **SAME**

ARIZONA

Governor's Highway Safety Rep. Governor's Office of Highway Safety 3010 N. Second Street, Suite 105 Phoenix AZ 85012

Phoenix, AZ 85012 Phone: (602) 255-3216

SAME

ARKANSAS

Transportation Safety Agency Justice Building Little Rock, AR 72201

Phone: (501) 682-1 341

Transportation Safety Manager Transportation Safety Agency Justice Building Little Rock, AR **72201**

Phone: (501) 682-1 341

CALIFORNIA

Office of Traffic Safety SAME Business, Transportation & Housing Agency 7000 Franklin Blvd., Suite 330 Sacramento, CA 95823

Phone: 916-445-0527

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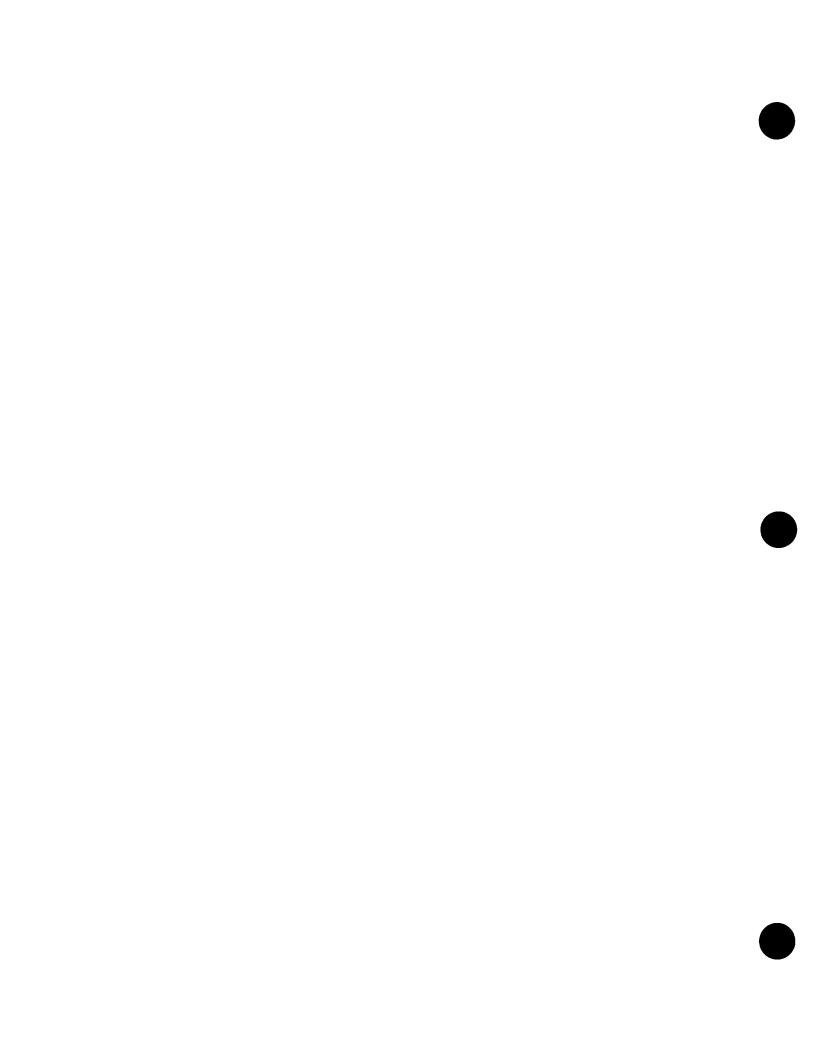
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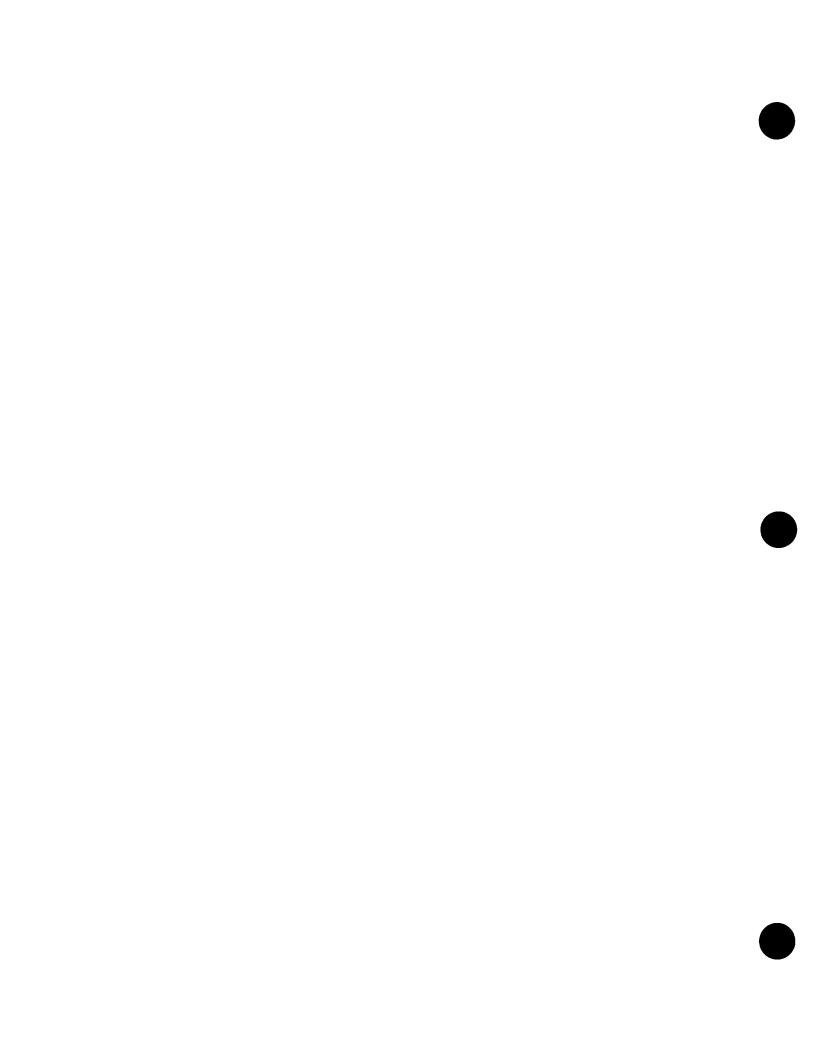
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SOUTH DAKOTA

Emergency Medical Services Program Department of Health Foss Bldg., 523 E Capitol St. Pierre, SD 57501 Phone: (605)-773-3737

TENNESSEE

Division of Emergency Medical Services TN Dept. of Health & Environment **287** Plus Park Boulevard Nashville, TN 37219-5407 Phone: (615)-367-6278

TEXAS

EMS Division
Texas Department of Health
1100 W 49th Street
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UTAH

Bureau of Emergency Medical Services Department of Health P.O. Box 16660 Salt Lake City, UT 84116-0660 Phone: (801)-538-6435

NORTH DAKOTA

Emergency Medical Services Division
Department of Health & Consolidated Labs
State Capitol Building
Bismarck, N D 58505
Phone: (701) 224-2388

ОНЮ

Ohlo EMS Agency 65 South Front Street, Room 916 Columbus, OH 43266-0308 Phone: (614) 466-9447

OKLAHOMA

Emergency Medical Services 1000 N.E. 10th, Room 409 P.O. Box 53551 Oklahoma City, OK 73152 Phone: (405) 271-5104

OREGON

Emergency Medical Services State Health Department P.O. Box 231 Portland, OR 97201 Phone: (503) 229-5586

PENNSYLVANIA

Division of Emergency Medical Services Pennsylvania Department of Health Health & Welfare Bldg., Rm. 1033 P.O. Box 90 Harrisburg, PA 17108 Phone: (717) 787-8741

PUERTO RICO

Emergency Medical Services G.P.O. Box 71423 San Juan, PR 00936 Phone: (809) 756-1 594

RHODE ISLAND

Division of Emergency Medical Services
Department of Health
75 Davis Street
Providence, R I 02908
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SOUTH CAROLINA

Division of Emergency Medical Services
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SOUTH DAKOTA

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